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AUGUST–SEPTEMBER 1967
Volume 5 Number 7

Infant Mortality and Poverty Areas

Intracity variations discussed

Measuring Social Action Programs

Problems and issues

U. S.
DEPARTMENT
OF HEALTH,
EDUCATION,
AND WELFARE

Welfare Administration

Children's
Bureau

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Services

Office of Juvenile
Delinquency and
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HEALTH, EDUCATION, AND WELFARE

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Infant Mortality and Poverty Areas

ELEANOR P. HUNT*

This report summarizes the latest information available on the national experience in infant mortality at different ages in infancy and in the perinatal period.** Differing mortality levels among a variety of geographic jurisdictions or areas are examined for evidence they provide on the size of the national problem of preventable infant deaths, their distribution and association with different levels of living.

Assessment is not confined to large areas such as States and counties, but for the first time significant variations in infant survival are viewed as they relate to poverty and other neighborhoods in larger cities. Recent studies of the Bureau of the Census have identified in comparable fashion the small areas within these cities having the highest concentrations of families living in poverty.

The national infant mortality rate in 1965 was 24.7 per 1,000 live births, almost identical to the 1964 level of 24.8. (Table 1) This stable level principally reflected unchanged but relatively low risks for white infants. For nonwhite infants, there was a noteworthy 4.2 percent reduction in mortality in the neonatal period (under 28 days old). Among older (1-11 months) nonwhite infants, however, mortality was higher, although the 1964 rate was already about 170 percent greater than for the white group (14.6 per 1,000 in 1964 in contrast to 5.4 per 1,000 among white infants).

The reduction in the neonatal rate for nonwhite infants narrowed the gap between neonatal rates for white and nonwhite, from a 64 percent excess of nonwhite over white in 1964 to 58 percent in 1965. For the period of infancy as a whole (under 1 year), the excess was reduced from 90 percent in 1964 to 87 percent in 1965. The perinatal mortality rate covering fetal deaths and deaths of live newborn in the neonatal period is a useful measure of fatal risks just before, during and soon after birth. A still more inclusive view of fatalities in the birth period and in the first year of life is gained from the joint perinatal-postneonatal rate. This rate is the number of perinatal deaths (fetal and neonatal) plus postneonatal deaths (deaths of infants 1-11 months old) per 1,000 total births, live and still.

Significant reductions of about 1 percent occurred in perinatal as well as joint perinatal-postneonatal mortality rates in 1965. (Table 2) Rates for nonwhite infants were from 2 to 4 percent lower than in 1964. Since there was little change in these rates for white infants in 1965, the excess of the rates for nonwhite infants over those for white infants was diminished. A marked reduction in the fetal death rate in 1965 was recorded for both white and nonwhite groups, and the excess of the fetal death rate for nonwhite infants as compared with white infants decreased from 98 percent to 94 percent.

State Differentials

State infant mortality rates continued to vary widely, from the low rate of 18.3 per 1,000 live births in Utah to 40.6 in

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** *Deaths counted in the perinatal period are the deaths of stillborn infants and of live-born infants before 28 days of age.*

For references, see end of article. Data on births and deaths were provided by the National Center for Health Statistics, Public Health Service, except data for poverty and other neighborhoods in Chicago and Washington, D.C., which were supplied by health departments in those cities.

Table 1. Infant mortality, United States, 1965

Age and group	Rate per 1,000 live births 1965	Percent		
		Decrease from 1964[1]	Excess nonwhite over white	
			1965	1964
Infant (under 1 year)	24.7	(-0.4)	87	90
White	21.5	(-0.5)	--	--
Nonwhite	40.3	-1.9	--	--
Neonatal (under 28 days)	17.7	-1.1	58	64
White	16.1	(-0.6)	--	--
Nonwhite	25.4	-4.2	--	--
Postneonatal (1-11 months)	7.0	(+1.4)	176	170
White	5.4	0	--	--
Nonwhite	14.9	(+2.1)	--	--

[1]*Parentheses signify lack of statistical significance.*

Table 2. Fetal and infant mortality rates: United States, 1965

Age and group	Rate per 1,000 total births, live & still 1965	Percent		
		Decrease from 1964[1]	Excess nonwhite over white	
			1965	1964
Fetal[2]	15.9	-1.2	94	98
White	13.7	-1.4	--	--
Nonwhite	26.5	-3.6	--	--
Perinatal[3]	33.3	-1.2	73	79
White	29.6	(-0.7)	--	--
Nonwhite	51.2	-3.8	--	--
Joint perinatal-post-neonatal[4]	40.2	-0.7	88	92
White	35.0	(-0.3)	--	--
Nonwhite	65.8	-2.4	--	--

[1]*Parentheses signify lack of statistical significance.*

[2]*Death in fetus occurring at 20 or more (or not stated) weeks of pregnancy.*

[3]*Fetal deaths plus deaths under 28 days.*

[4]*Fetal deaths plus deaths under one year of age.*

Mississippi. Rates tended to be higher than the national average in States with relatively low per capita income and below average in high and middle per capita income States.[7] In 1965, the postneonatal mortality rate for the 17 States with the lowest per capita income (1963-65) was 40 percent above the national average. (Table 3) One out of five births in the United States in 1965 was in families living in States of the low per capita income group.

Table 3. Infant mortality: United States, 1965, and per capita income groups of States, 1963-65

Per capita income groups of States, 1963-65	Under 1 year	Under 28 days	1-11 months
	Rate per 1,000 live births*		
United States	24.7	17.7	7.0
High (17 States)	23.3	17.2	6.1
Middle (17 States)	24.1	17.4	6.7
Low (17 States)	28.8	19.1	9.8
	Ratio to U.S. rate		
United States	1.00	1.00	1.00
High (17 States)	0.94	0.97	0.87
Middle (17 States)	0.98	0.98	0.96
Low (17 States)	1.17	1.08	1.40

*Rate is by place of residence. Includes District of Columbia

County Infant Mortality

A recent study of county infant mortality rates in the 5-year period 1956-60 has provided estimates of the extent of excess infant mortality in these relatively small jurisdictions. Study findings are serving as geographic guidelines in planning services for the reduction of needless infant deaths.[4] The concept of excess deaths is based on the selection of a hypothetical and relatively low infant mortality level to serve as a ceiling with which to compare the level actually prevailing. Accordingly, the level selected was the mortality rate in the tenth percentile position or upper limit of the first decile in the array of U.S. county rates 1956-60. The rate at this level was 18.3 infant deaths per 1,000 live births. The excess number of infant deaths for any county was the difference between the actual number of deaths occurring in those years and the number that would have occurred if the tenth percentile rate had prevailed.

The infant mortality rate for each county during the 5-year period is shown in Figure 1. The number of excess deaths estimated for each county in the same period appears in Figure 2. While the rates in Figure 1 show the variations in fatal risk among counties, the estimated excess in Figure 2 reflects, in addition to the risk, the size of the newborn population exposed to it. In this period, 320 U.S. counties comprised the first decile and had 18.3 or fewer infant deaths per 1,000 live births. Had this low rate prevailed generally in the other U.S. counties, an additional 169,784 infants, or an estimated 34,000 annually, would have survived their first year. (Table 4)

The group of 56 counties having 400 or more excess deaths accounted for 35

Figure 1. Infant Mortality Rate, United States and Each County, 1956-60

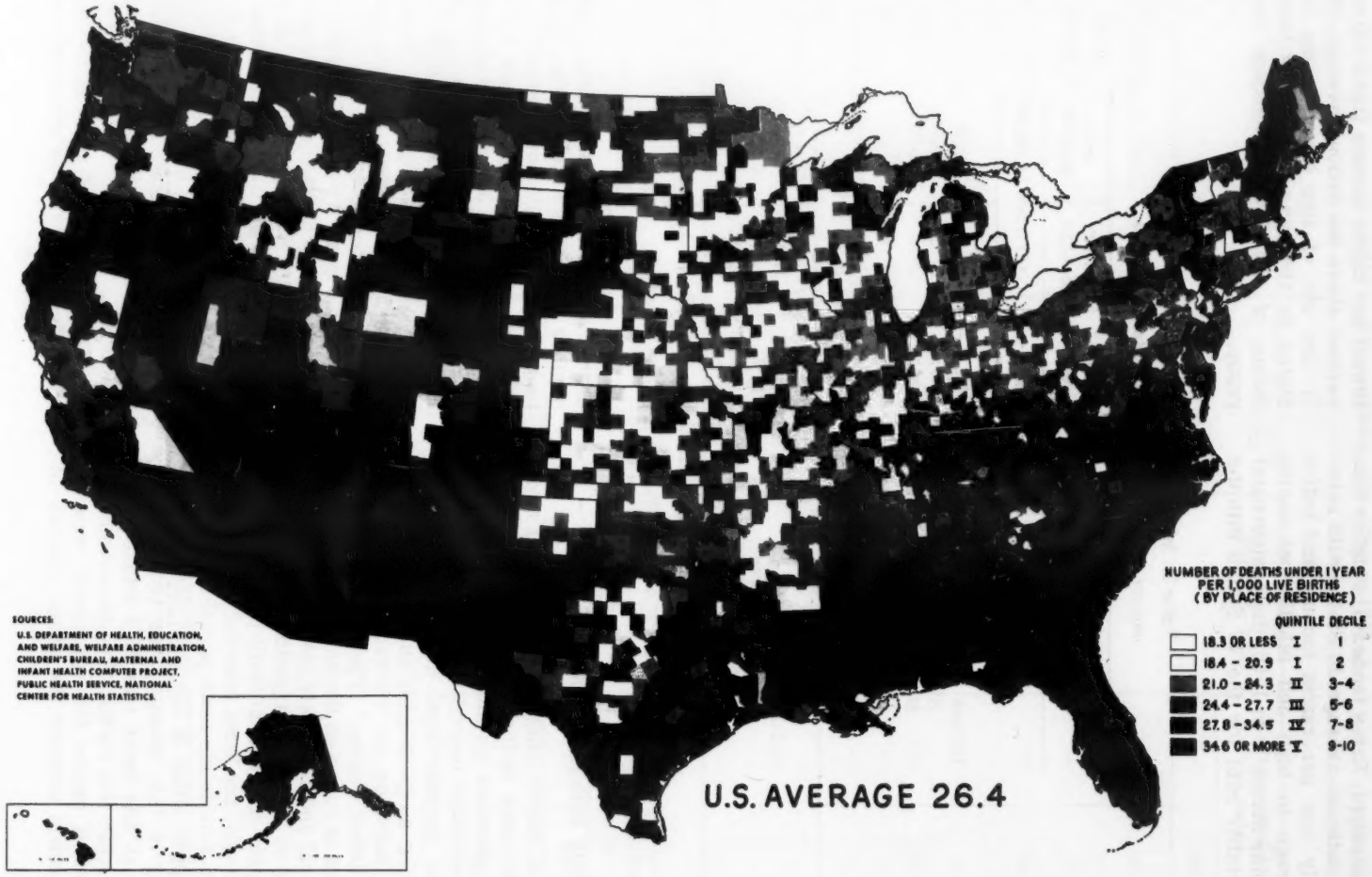

SOURCES:
U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE, WELFARE ADMINISTRATION, CHILDREN'S BUREAU, MATERNAL AND INFANT HEALTH COMPUTER PROJECT, PUBLIC HEALTH SERVICE, NATIONAL CENTER FOR HEALTH STATISTICS.
NUMBER OF DEATHS UNDER 1 YEAR PER 1,000 LIVE BIRTHS (BY PLACE OF RESIDENCE)
QUINTILE DECILE
18.3 OR LESS I 1
18.4 - 20.9 I 2
21.0 - 24.3 II 3-4
24.4 - 27.7 III 5-6
27.8 - 34.5 IV 7-8
34.6 OR MORE V 9-10
U.S. AVERAGE 26.4

Figure 2. Number of Excess Infant Deaths: Counties with Infant Mortality Rates

Figure 2. Number of Excess Infant Deaths: Counties with Infant Mortality Rates Above 18.3 per 1,000, 1956-60

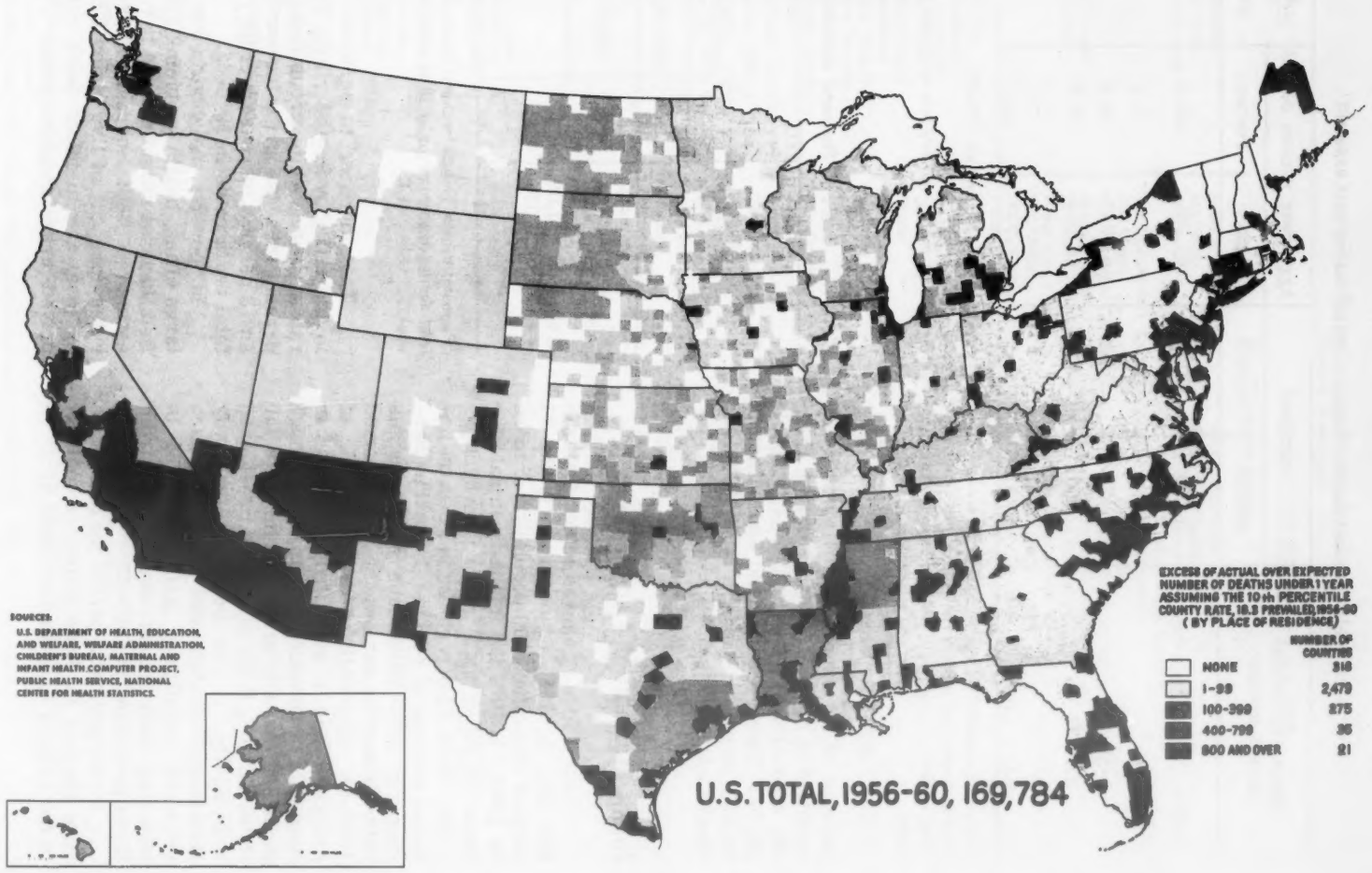

SOURCES:
U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE, WELFARE ADMINISTRATION, CHILDREN'S BUREAU, MATERNAL AND INFANT HEALTH COMPUTER PROJECT, PUBLIC HEALTH SERVICE, NATIONAL CENTER FOR HEALTH STATISTICS.
EXCESS OF ACTUAL OVER EXPECTED NUMBER OF DEATHS UNDER 1 YEAR ASSUMING THE 10th PERCENTILE COUNTY RATE, 18.3 PREVAILED, 1956-60 (BY PLACE OF RESIDENCE)
NUMBER OF COUNTIES
NONE 318
1-99 2,479
100-399 275
400-799 36
800 AND OVER 21
U.S. TOTAL, 1956-60, 169,784

Table 4. Infant deaths: Excess of actual number over expected[1]

Number of excess infant deaths	Counties[2]		Aggregate excess deaths		Average number per county
	Number	Percent	Number	Percent	
Total	3,130	100.0	169,784	100.0	54
None[3]	320	10.22	0	0.0	--
1-99	2,479	79.30	61,917	36.5	25
100-399	275	8.79	48,563	28.6	177
400-799	35	1.12	18,571	10.9	531
800 & over	21	0.67	40,733	24.0	1,940

[1] *Assuming a rate of 18.3 or less per 1,000 prevailed among residents in all U.S. counties, 1956-60.*
[2] *Includes counties, districts of Alaska, and independent cities of Virginia.*
[3] *The number of counties in this category is based on counties with an infant mortality rate no greater than 18.3 per 1,000.*

percent of all excess infant mortality in counties of the United States during 1956-60, amounting in the aggregate to nearly 60,000. These counties and their cities of 50,000 or more population in 1960 are identified in Table 5.

Infant Mortality in Largest Cities

Over a fifth of excess infant deaths in the U.S. in 1956-60 occurred in the 21 largest cities (500,000 population or more in 1960). In 1964 the infant death rate for these 21 cities as a group was 27.9 per 1,000, about 13 percent higher than the national average of 24.8 per 1,000. Furthermore, no gains were made in reducing this rate--it was the same in the 3-year period 1960-62. Accounting for this lack of progress was a significant increase in mortality of nonwhite infants, even though some decrease occurred in the rate for white infants. If the cities are considered individually, it can be noted that only Baltimore, Boston and San Francisco recorded significant gains in 1964 in lowering their infant death rates from those prevailing in 1960-62.

In the perinatal period the death rate rose sharply in these cities, in contrast to the country as a whole. (Table 6)

Table 6. Perinatal mortality

Area	Perinatal deaths per 1,000 total births, live and still[1]		Percent change
	1964	1960-62	
United States	33.7	34.0	-0.9
Cities of 500,000 or more in 1960 (21 cities)	44.1	40.7	+8.4

[1] *Perinatal deaths include neonatal (under 28 days) and fetal deaths in pregnancies of 20 or more (or not stated) weeks.*

This increase in perinatal mortality in the cities reflected rising fetal death rates: in the white group there was a 12 percent increase and in the nonwhite group an 18 percent increase over the respective fetal death rates in 1960-62.

In poverty neighborhoods of these large cities, health problems are intensified. Several recent studies have provided estimates of the increase in prematurity rates (percent of live births 2,500 grams or less) and in infant death rates in deprived urban neighborhoods.[2,3,9] A re-

Table 5. U.S. counties with 400 or more infant deaths in excess of expected number, 1956-60[1] (by place of residence)

State	County	Rate	City of 50,000 or more, 1960
	400-799 excess deaths		
Alabama	Mobile	28.1	Mobile
Arizona	Maricopa	27.9	Phoenix
California	Alameda	24.3	Alameda-Berkeley-Oakland-Hayward-San Leandro
	San Bernardino	25.3	San Bernardino
	San Diego	24.4	San Diego
	San Francisco (Coext.)	23.9	San Francisco (Coext.)
Colorado	Denver (Coext.)	28.7	Denver (Coext.)
Florida	Broward	32.7	Fort Lauderdale
	Duval	29.5	Jacksonville
	Escambia	33.7	Pensacola
	Hillsborough	30.0	Tampa
	Palm Beach	36.6	West Palm Beach
Indiana	Lake	27.3	Gary-Hammond-East Chicago
Kentucky	Jefferson	24.6	Louisville
Louisiana	Caddo	31.9	Shreveport
Michigan	Genesee	26.8	Flint
Mississippi	Hinds	35.0	Jackson
Missouri	Jackson	26.1	Kansas City
New Jersey	Hudson	25.4	Bayonne-Jersey City-Union City
New Mexico	Bernalillo	29.6	Albuquerque
New York	Erie	23.7	Buffalo
North Carolina	Mecklenburg	32.0	Charlotte
Ohio	Franklin	23.8	Columbus
	Hamilton	24.5	Cincinnati
	Montgomery	26.5	Dayton
	Summit	25.7	Akron
Oklahoma	Oklahoma	26.8	Oklahoma City
Texas	Cameron	40.9	. . .
	El Paso	27.5	El Paso
	Hidalgo	36.2	. . .
	Lubbock	36.2	Lubbock
	Tarrant	25.6	Fort Worth
Virginia[2]	Norfolk (Indep. City)	31.8	Norfolk (Indep. City)
	Richmond (Indep. City)	35.9	Richmond (Indep. City)
Washington	King	23.2	Seattle
	800 or more excess deaths		
Alabama	Jefferson	30.1	Birmingham
California	Los Angeles	24.6	South Gate-Torrance-Pomona-Santa Monica-Norwalk-Pasadena-West Covina-Los Angeles
District of Columbia	Washington	36.1	Washington
Florida	Dade	29.3	Hialeah-Miami-Miami Beach
Georgia	Fulton	31.6	Atlanta
Illinois	Cook	26.2	Chicago-Oak Park-Skokie-Berwyn-Cicero-Evanston
Indiana	Marion	27.4	Indianapolis
Louisiana	New Orleans	33.9	New Orleans
Maryland	Baltimore (Indep. City)	33.8	Baltimore (Indep. City)
Michigan	Wayne	26.5	Detroit-Dearborn-Lincoln Park-Livonia
Missouri	St. Louis (Indep. City)	30.3	St. Louis (Indep. City)
New Jersey	Essex	29.9	Newark-Bloomfield-Irvington-East Orange
New York	New York City	26.0	New York City
Ohio	Cuyahoga	27.3	Cleveland
Pennsylvania	Allegheny	23.5	Penn Hills Twp.-Pittsburgh
	Philadelphia	32.0	Philadelphia (Coext.)
Tennessee	Shelby	30.7	Memphis
Texas	Bexar	31.7	San Antonio
	Dallas	26.3	Dallas
	Harris	28.2	Houston-Pasadena
Wisconsin	Milwaukee	24.5	Milwaukee-Wauwatosa-West Allis

[1] *Assuming a rate of 18.3 or less per 1,000 prevailed among residents in all U.S. counties, 1956-60.*

[2] *Includes counties and independent cities of Virginia.*

Table 7. Infant mortality by age, and low birth weight: Chicago, 1963-65, in poverty and nonpoverty areas (by place of residence)

Item	Total	Poverty areas	Nonpoverty areas	Ratio: poverty to nonpoverty area
		Percent		
Percent of live births with low birth weight (2,500 grams or less)				
Total	10.5	14.5	8.3	1.75
White	7.3	9.2	7.1	1.30
Nonwhite	14.7	15.7	12.5	1.26
	Per 1,000 live births			
Infant mortality rate (under 1 year)				
Total	29.9	39.6	24.5	1.62
White	21.5	25.6	20.9	1.22
Nonwhite	41.1	42.9	37.2	1.15
Neonatal mortality rate (under 28 days)				
Total	21.5	27.0	18.5	1.46
White	16.2	17.5	16.1	1.09
Nonwhite	28.6	29.2	27.1	1.08
Postneonatal mortality rate (1-11 mo.)				
Total	8.4	12.6	6.0	2.10
White	5.2	8.0	4.9	1.63
Nonwhite	12.5	13.7	10.1	1.36
	Per 1,000 total births (live and still)			
Joint perinatal-postneonatal mortality rate (neonatal plus fetal, 20 or more or not stated weeks of pregnancy)				
Total	47.7	61.1	40.1	1.52
White	35.4	41.5	34.6	1.20
Nonwhite	63.8	65.8	59.4	1.11

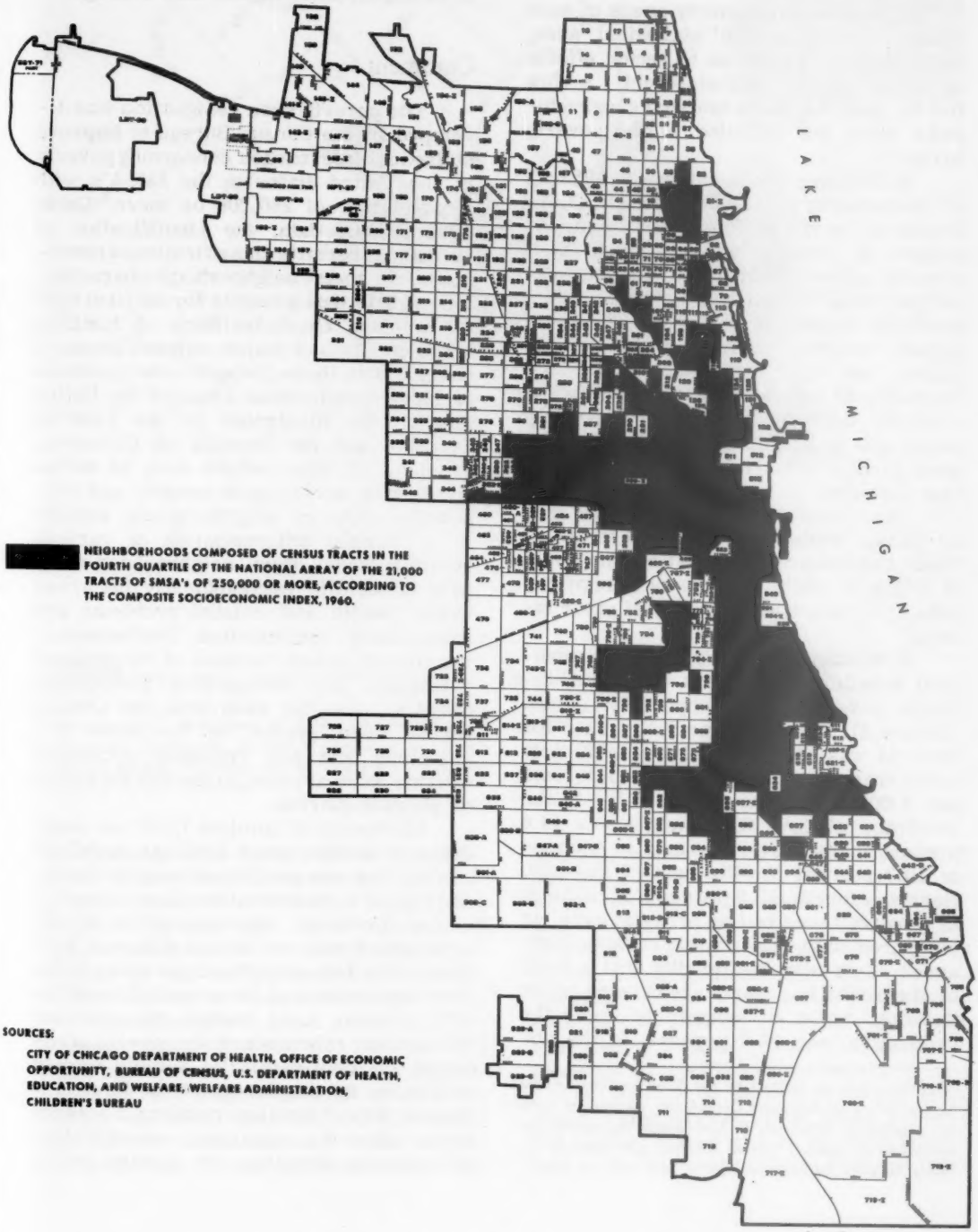
Source: Chicago Board of Health.

port from the Chicago Department of Health compares infant mortality rates in poverty areas or neighborhoods of that city with rates in the rest of Chicago. (Table 7, Figure 3)

The Bureau of the Census has recently defined poverty areas or neighborhoods for the 101 standard metropolitan statistical areas (SMSA) of 250,000 or more population in 1960.[1,8] These poverty neighborhoods are composed of census tracts which occupied the fourth quartile or poorest position in a national array of the some 21,000 census tracts in these particular SMSA's. Five socioeconomic characteristics based on 1960 Census data were used to construct the index:

1. Percent of families with money incomes under $3,000 in 1959.
2. Percent of children under 18 years old not living with both parents.
3. Percent of males, 25 years old and over, with less than eight years of school completed.
4. Percent of unskilled males (laborers and service workers) in the employed civilian labor force.

Figure 3. Health Depressed Neighborhoods of Chicago, 1960



NEIGHBORHOODS COMPOSED OF CENSUS TRACTS IN THE FOURTH QUARTILE OF THE NATIONAL ARRAY OF THE 21,000 TRACTS OF SMSA's OF 250,000 OR MORE, ACCORDING TO THE COMPOSITE SOCIOECONOMIC INDEX, 1960.

SOURCES:

CITY OF CHICAGO DEPARTMENT OF HEALTH, OFFICE OF ECONOMIC OPPORTUNITY, BUREAU OF CENSUS, U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE, WELFARE ADMINISTRATION, CHILDREN'S BUREAU

5. Percent of housing units dilapidated or lacking some or all plumbing fixtures.

In determining poverty areas of each standard metropolitan statistical area, consideration was given to recent effects of local urban redevelopment. A few fourth quartile tracts isolated geographically were not included in the poverty areas.*

In Chicago, the incidence in 1963-65 of prematurity or low birth weight (2,500 grams or less) was 75 percent higher for infants in poverty areas than in nonpoverty areas. Compared with the prevailing rates in the rest of Chicago, infant mortality in poverty areas was 62 percent higher, neonatal mortality 46 percent higher and joint perinatal-postneonatal mortality 52 percent higher. (Table 7) The contrast between residents in poverty areas and in all other areas was somewhat greater relatively for white infants than nonwhite.

Close to one-third of deaths in infancy in Chicago could be prevented if the relatively low risks characteristic of the levels of living of white families in nonpoverty areas prevailed as well for all other infants.

In Washington, D.C. similar but somewhat smaller differentials were found between poverty and nonpoverty areas. (Figure 4) The infant mortality rate for 1962-64 was 50 percent higher in poverty areas than elsewhere in the District--40.5 per 1,000 as compared with 27.0.[1,9] The incidence of low birth weight was 14.4 percent in the poverty areas, in contrast to 10.7 percent for the rest of the city. Nearly a fourth (22.6 percent) of mothers in poverty areas had no prenatal care, as compared with 8.1 percent in nonpoverty areas. It is also noteworthy that a third of the births in poverty areas were out of wedlock, while in nonpoverty areas the proportion was 12.7 percent. In the absence of special services throughout the mother's pregnancy, mortality of infants born to unmarried mothers has been found to be significantly higher than average.[10]

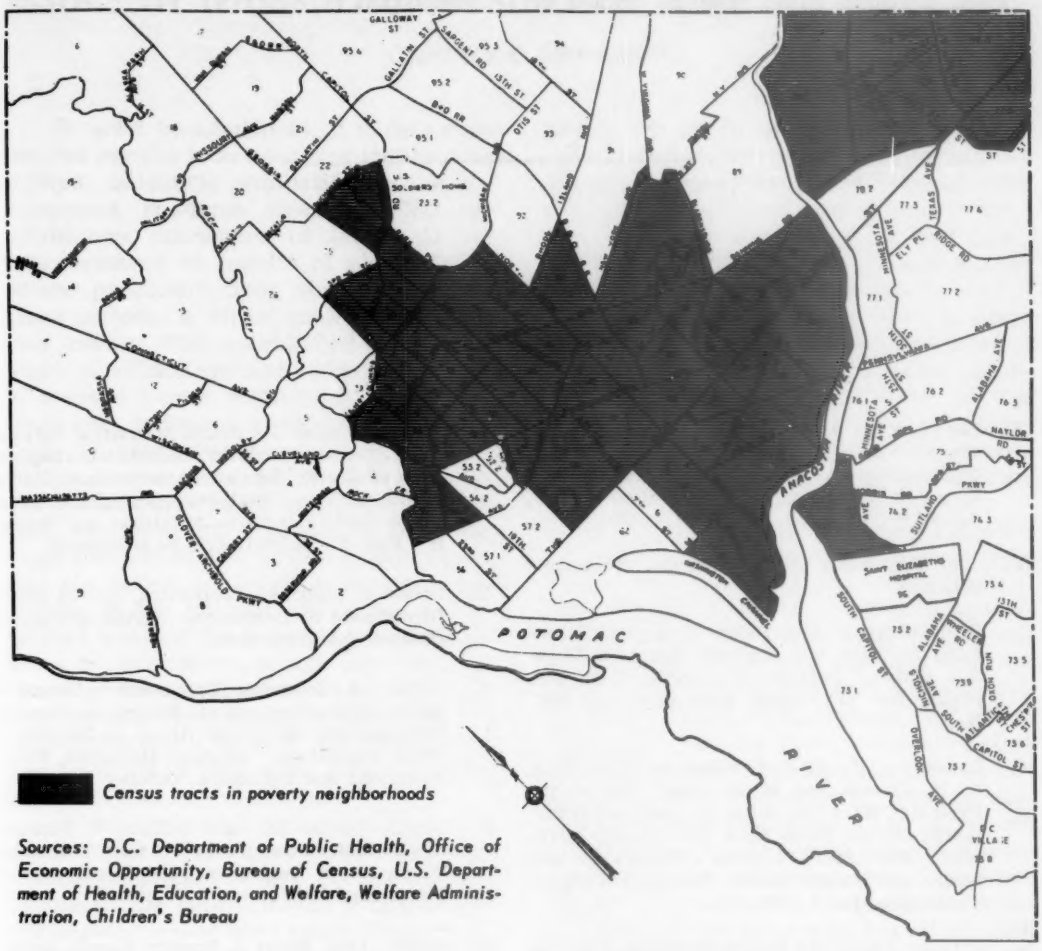
Poverty areas as defined by the Bureau of the Census for the Office of Economic Opportunity correspond without significant difference to such areas designated according to the poverty income standard developed by the Social Security Administration.

Comment

The poverty area designation was developed by the Census Bureau to improve statistical information concerning poverty in the United States in the SMSA's with a population of 250,000 or more. Using 1960 Census data, the identification of such areas permits classification of households by their neighborhood characteristics. It is thus possible for the first time to compare characteristics of families living in areas of major concentrations of poverty with those living in other portions of large metropolitan areas of the United States.[1] As illustrated in the case of Chicago and the District of Columbia, grouping of vital events such as births and deaths according to poverty and nonpoverty areas or neighborhoods, results in a marked differentiation of various health indices. Thus, neighborhood rates help to identify geographically the areas where health and related problems are particularly concentrated. Furthermore, the poverty areas, because of the national definition, are comparable among the SMSA's., i.e. for each area the Census tracts were graded on the same five variables and the resulting composite weights were arrayed to identify the fourth or poorest quartile.

Movement of families from one residence to another since 1960 has doubtless altered the composition of neighborhoods in respect to individual families in poverty areas. However, characteristics of the newcomers may not be very different from those who left poverty areas since 1960. Pending revision of the areas following the 1970 Census, local studies can appraise the current relevance of the poverty areas based on 1960 data. The sample survey conducted by the Bureau of the Census in March 1966 of families residing in poverty areas showed a continuing concentration of nonwhite families. As pointed out in

Figure 4. Health Depressed Neighborhoods of Washington, D.C., 1960



Sources: D.C. Department of Public Health, Office of Economic Opportunity, Bureau of Census, U.S. Department of Health, Education, and Welfare, Welfare Administration, Children's Bureau

the survey, other subgroups of the population proportionately overrepresented in poverty areas were families headed by a woman, families with large numbers of related children (five or more) and families headed by an unemployed person or by a semi-skilled or unskilled worker. [1]

Identification of small areas with excessive risks to health and survival is a vital element in effective State and local planning and implementation of the Maternity and Infant Care Projects authorized by the 1963 amendments to the Social Security Act. These projects, which now number 53, make available necessary health care to mothers and their infants in low-income or otherwise deprived families who are exposed to unusual risks. Similarly, health indices for poverty areas, in comparison with other areas of the large SMSA's, will assist the States in extending by 1975 maternal and child health services throughout their jurisdictions, pursuant to the 1965 Amendments.

If efforts to reduce the high infant death rates prevailing in many parts of the United States are to be successful--and at the earliest possible time--a more

specific definition of target groups is essential. The attack on this critical national problem must then be joined by program planning which is responsive to the widely-varying needs of this target population.

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Issues in Measuring Results of Action Programs*

CLARENCE C. SHERWOOD**

It must be admitted that to date very limited results have been produced by controlled, scientific evaluations of action programs. It seems, therefore, that any productive discussion of issues in the measurement of results of planning and action programs must start with, or at least include, a direct confrontation with that rather well established fact. This state of affairs appears to be the product of a set of forces which range all the way from very technical methodological problems of measurement and experimental design to some deeply rooted thought and attitudinal patterns of our culture which deny the logic and methods of scientific research. It is the writer's impression that the latter are much more important factors in the current situation than the former and that the purely technical problems of evaluation design are probably the most easily solved of all the obstacles and resistances presently impeding the development of a broader and more effective program of evaluation research within the field of social action.

A basic question that has to be raised is: Why isn't there greater demand from various segments of our society--public officials, the public itself, program administrators--for hard evaluations of action programs that attack one or more of the social ills of our social system? This general absence of a demand for a hard accounting of the effects of social interventions is all the more astounding when some of the central themes of our culture are considered: getting one's money's worth; the profit motive and realizing a return on investment; and the general focus placed on those entrusted with the handling and spending of public and private funds.

The basic assumption of this paper is that more and better evaluation studies of social action programs are needed if our society is going to be able to make increasingly more rational allocations of resources to the solution of social problems. Rational is defined here as that dimension of the social decision-making process which utilizes scientifically gathered evidence rather than depending on fad, fancy, whimsy, or faith.

If a growing and more successful evaluation research program is to become part of our social action culture, evaluation research must be recognized as consisting of a broad set of strategies and skills which transcend the narrowly defined technical skills of social research--research design, measurement, statistical inference, and the like. These strategies and skills, which can be called social action research engineering, include elements of sociopolitics and all the related educational, persuasive, and technical strategies for gaining access to the required information, getting and maintaining support for the evaluation effort, and, perhaps most important of all, creating a climate both for patience for the sometimes slow-to-arrive findings and for the incorporation of those findings in the decision-making process.

The social action evaluator or researcher generally raises the vital but difficult to answer question: "What difference does this particular program make in the lives of its target population?" What he must also ask himself is "What difference will the evaluation of this program make in the decision-making, resource-allocating, action world of which it is presumably a part?" If this latter question

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is taken seriously--as supposedly it must--then careful, long-range strategies must be worked out as part of the whole action-research package. Such strategies would have as their aim the building of a system which will increasingly want, support, and then actually use evaluation research procedures and their findings. The repertoire of the action-researcher must ultimately include an action philosophy and the skills required to overcome obstacles to the inclusion and use of that action philosophy in the overall intervention efforts for society.

For any intervention, the final overall distribution of expenditures of time and money is the net result of an extremely complex decision-making process, whether it be rational or irrational, conscious or unconscious. Each intervention has, explicitly or implicitly, a set of goals, a target population, and a set of procedures by which it hopes to reach and change members of its target population. Therefore, decisions must be made concerning three basic dimensions of social action: (a) the problems to be attacked; (b) the scale on which each problem will be attacked; and (c) the method or methods by which each problem will be attacked. Within an evaluation research action philosophy, this basic question should be continuously asked: "Is the current or planned allocation of resources to problems the most efficient possible, and have provisions been made for continuous feedback of research information?"

There are obstacles to adequate evaluation, one of the most serious being prevailing attitudes which press for the utilization of all available funds for action or program purposes and resist the use of funds for research, particularly evaluation research. The attack upon this source of resistance must be launched from two directions simultaneously: (1) Ways must be devised to make increasingly efficient use of available evaluation dollars and to derive solid results from them and (2) society must be shown the benefits of such expenditures.

One way of improving the efficiency of evaluation research is to establish procedures whereby multiple evaluations of a number of similar interventions are conducted simultaneously by the same centralized evaluation unit. There are at least two very important reasons for proceeding in this fashion--one is theoretical, the other practical. The theoretical reason is the basic need for comparative data. Our knowledge will be greatly augmented if similar information can be obtained about a number of programs which use different methods (casework, groupwork) but have the same general objective (employment). If different programs in similar kinds of communities can be compared with similar programs in different kinds of communities our knowledge will be even further advanced. The practical reason relates to available resources--financial and human. Allocations for evaluation research are likely to remain in critically short supply for some time to come, even by the most optimistic estimates. And the shortage of skilled personnel to carry out the evaluation effort is likely to turn out to be much more difficult to overcome than the financial problem. To the extent that pooled systems of program evaluations can be adopted, a great amount of duplication of effort can be eliminated and scarce resources much more efficiently utilized. Also, the potential return on the same investment will be enhanced many fold.

The second line of attack involves the gradual persuasion of the general public as well as the guardians of public and private funds that, in the long run, evaluation research can pay for itself many times over by eliminating the most wasteful uses of social action funds and substituting new ways of inducing the social changes desired by society. Wasteful is defined in this context as either not producing any impact--i.e., a desired change in the program's target population--or producing a relatively small or disappointing amount of impact per dollar of program investment. This point of view also involves a redefinition of per capita cost of service as it has been traditionally viewed. (Per capita cost of service is defined as the quotient obtained by dividing the total dollar cost of a program by

the total number of individuals exposed to it).

Convincing any significant segment of the American population to think about social action in this way will undoubtedly require long and time-consuming efforts by at least a few pioneers, but it will be worth it. If, for example, a particular training program involves a thousand individuals and costs a half million dollars, traditional calculations would indicate that the per capita cost of service is $500. But if, as well might be the case, only 100 of these individuals were placed in steady jobs as a result of their training the per capita unit cost per impact would be $5,000--a vastly different amount. The per capita cost view has resulted in a distinct preference for those programs which "serve" the largest numbers for the least amount of money. However, if programs were to compete on the basis of how much it costs to achieve one unit (however defined) of desired outcome, it is the writer's contention that the ultimate selection of programs would be very different.

A method of evaluation, cost-benefit analysis, is gaining recognition among program planners. It is a distinct improvement over per capita cost of service, but as it is usually applied it does not go far enough in either defining or providing the kind of information that is needed in making decisions about social action programs. Whereas the former measures service in terms of per capita cost, it does not attempt to measure either outcome (desired program goals) or impact (program-related success). Cost-benefit analysis attempts to measure outcome but it often does not distinguish between outcome and impact.

There are those who are opposed to evaluation research on what can be called the "philosophical" level. Proponents of this position appear to admit the need for evaluation, that is, the need for some basis to judge the worth and effectiveness of action efforts. Their resistance seems to be based primarily upon assumptions about the inapplicability of the scientific method to the study of human behavior. According to this point of view, every human being is unique and therefore cannot be studied in the aggregate. Proponents of a more modified version of this position say that the important aspects of behavior and behavorial change cannot be measured by the ordinary existing procedures of evaluation research.

The extreme version of this position--that human beings and their behavior are simply not studiable scientifically--may be impervious to ordinary attack. All of the trends in the fields relating to the study of human behavior are in the direc- of quantification, rigor and the application of the canons of scientific research and experimental design. A basic issue for a strategy of evaluation research would seem to include a recognition of those instances where this philosophical position is assumed (but not truly believed) as merely a camouflage for other types of resistance to evaluation research.

The more modified version of this position, that social scientists are not able to measure the important variables, seems to represent an important challenge to the innovative quality and ingenuity of social science research. It is quite clear that considerably greater effort, and many more resources, must be thrown into the battle of developing valid, reliable measures of what are deemed to be the really important categories of behavior--character, problem solving ability, curiosity, and the like. Concomitantly, program designers and researchers must not only make greater efforts to collaborate in spelling out in theoretical detail what variables are crucial to the solution of social problems but also must develop experimental procedures to measure those variables. Ultimately, these instruments must be capable of measuring change in characteristics, or variables, since it is change that interventions (social action programs) are aimed at.

A related "philosophical" type of resistance to evaluation research is on what can be called the intuitional plane. Proponents of this position also appear to agree that a basis for separating good programs

from bad ones is needed. The difference between this position and the evaluation research position advocated in this paper is in the method or procedures by which the decision about the worthwhileness of a program is made. The intuitionist relies on so-called personal and professional experience; he "knows" when a program is good. He can tell just by observing a program and its participants in action. This widespread, well-known and easily recognized position is perhaps most clearly exemplified by the practitioner who simply knows that what he is doing is good, although he cannot say why. "I've been doing this for 30 years," says he, "and I wouldn't have continued at it if I didn't know that it was good." To a considerable degree, this type of resistance can be reduced to an age-old epistemological problem of how we know that we know something. Although such an issue cannot be explored in any detail in this paper, its importance to the whole area of the measurement of results of social action programs cannot and should not be minimized. A total strategy for a rational attack on the social problems of our society must include all of the known weapons, an important one being a proper kind of cooperation between practitioner and evaluation researcher.

The reflections presented pertain primarily to prevailing concerns in our society about the costs of evaluation research as well as to some basic prevailing misunderstandings concerning the necessary logical and procedural ingredients of adequate evaluation. There are a number of other related problems that deserve to be listed in this context.

Prominent among these is the time problem. The decision as to the length of the evaluation period should be based on a detailed consideration of the goals of the intervention to be evaluated and the general theoretical impact model by which it is hoped that the particular program will induce the desired changes. The two key timing issues that the impact model should deal with are (a) the length of time the participants need to be exposed to the program for its effects--as defined by the impact model--to take place and (b) the period of time that must transpire after termination of exposure to the program before the desired outcomes can be expected to manifest themselves. It is the writer's conviction that if one were to examine and spell out carefully all that is implicit in theoretical models underlying action programs, two, three, and even five year demonstration periods would seldom be long enough to plan, launch, conduct, and evaluate the program in such a way that anything in the way of sensible, solid measurement of results could take place.

Closely related to the timing problem of the demonstration model is a much more mundane but nevertheless critical one, namely, the general pattern of short-term, what we might call serial, funding. The funding of a demonstration program should be logically related to its general overall theoretical model, particularly to the timing elements of that model. The result of the prevailing practice of short-term and renewal funding is a substantial waste of human energy devoted to interim report writing and refunding proposal writing which seriously reduces the proportion of time, skill and energy which could otherwise be directed to implementing the demonstration itself. High turnover among personnel (with great losses in personnel training investments), vacillating motivation and a number of related problems further serve to reduce the quality of the product.

There is another basic impediment to the development of a sound program of evaluation. It is what might be called the "success cult" or the "rose-colored glasses syndrome." In its simplest and most extreme form it admits that no evaluation is needed since the program is regarded as a success to begin with. The problem is not to find ways of evaluating the program or to obtain findings concerning its effectiveness but to find ways to convince others of its success. This type of resistance--perhaps more appropriately termed indifference--to evaluation research is most likely to come from persons with a heavy personal

commitment to the success of a particular program: public officials, heads of action agencies, and occasionally, unfortunately, from administrators of funding agencies. From their point of view, there can be no questioning of the value or success of a program--which is implicit in any evaluation. Funds have been committed to the program; its aim is to help people; it was designed by experts and is being run by professionals. Where is the need for evaluation, they ask. Whatever motivation there may be--fear of evaluation or sincere belief in the worth of the program--this point of view obviously represents a major obstacle to the development and implementation of an evaluation research action philosophy.

To change such attitudes, a new set of criteria must be adopted concerning the performance of public and private officials who have the responsibility for allocating society's resources. They must be judged and rewarded, not in terms of the claims of success which can be made but in terms of the extent to which they have provided for a feedback of information concerning the program's performance relative to its goals and the extent to which they make decisions concerning future allocations of resources on the basis of that information.

Under these criteria the valuable official--whether of a community, a foundation, or an agency--is the one who builds in procedures for gradually improving the level of efficiency with which he allocates resources. There are many large-scale social problems which must be dealt with and many different ways in which they can be attacked. At the same time resources are limited. In terms of the rational use of limited resources, it seems to be obvious that the decision-maker who supports an unsuccessful program but who admits that the program has not achieved its objective is far more valuable than the one who supports a program, claims its success, and then without proper evaluation pours more money into it.

For the encouragement of this change in social thinking we must look first to the foundations and public funding agencies. However, before such organizations can make refunding decisions in terms of what has been learned--whether favorable or unfavorable to the programs under consideration--a climate must be developed which would permit them this mode of operation. The issue should be decided on evidence not appearance. That certain programs have received the best press or have been publicized by other means should not influence decisions. What constitutes useful evidence as distinguished from appearance is perhaps the major challenge confronting the advocate of evaluation research.

If it is agreed that (1) there is a need for more and better evaluations of action programs; (2) adequate and effective evaluation research involves a battery of skills and strategies which are, at best, in an infant stage of development at the present time; and (3) there is a shortage of personnel who are both trained and interested in the field of evaluation research, it appears clear that a long-range concerted program will be necessary. This program should include:

(a) Research on evaluation research itself which would involve surveys of community understanding of and attitudes toward evaluation research and studies of the relationships between evaluation research and the decision-making and action components of the community.

The purpose of this research program would be to provide information and insights to aid in the development of strategies aimed at a broadened and more effective evaluation program.

(b) Research into the development of the technical tools of action research--instruments to measure socially significant variables--and the development of generalized impact models. Research should also include the development and application of new statistical devices, particularly variations on prediction instruments and related techniques.

The purpose of this research program would be to contribute toward the development of a repertoire of technical

skills, procedures and devices which would, as much as possible, tailor action research efforts, and particularly their evaluation components, to the needs of the decision-making and action world they aim to affect.

(c) Experiments in training personnel for better program evaluations--including the involvement of people at all levels who are associated with the program: political figures, agency board members and agency staff, citizens groups and potential evaluation research specialists. Ideally, this third component--designated somewhat inadequately above as training--should continuously incorporate into its program the findings derived from the first two components.

The general program suggested is intended to serve as an outline for more intensive and effective use of evaluation research in attacking the social problems besetting our society. More and better evaluation studies can aid immeasurably in finding solutions to these problems which call for urgent and immediate action.

NOTE

The Reentry of the Offender into the Community*

Elliot Studt of the Center for the Study of Law and Society of the University of California, Berkeley, examines the parole process "as a guide for improving the quality and scope of parole work and thereby increasing the proportion of parole successes." She considers the reentry process, i.e. the time between the parolee's release from prison and his discharge from parole, as "a period of testing and reciprocal adaptation between the offender and his community." This process is, according to the author, an example of a "passage of status" whereby an individual's identity undergoes transformation as he steps out of one social role and assumes another. Conditions which engender a successful transition from one status to another with minimum strain are: a feeling of personal worth on the part of the individual making the transition, support during this period of stress, clear and unambiguous role delineation and association with role models, and the parolee's participation in making decisions about his new role. These conditions are not generally experienced by the paroled offender, yet what happens to him during the parole period determines whether he stays in the community or returns to jail.

Upon parole, it is pointed out, the offender suddenly moves from a subservient position in a highly structured institution to a regulated freedom in society. His new position is managed by the parole agency whose job it is to establish favorable conditions for his transition from prisoner to free member of society. His special status pervades all aspects of his life, regulating his time, his mobility, and his associations. The price of "failure," of violating the conditions of parole, is the loss, again, of freedom.

Noting that the literature on the subject of parole contains little in the way of description of parole as experienced by parolees, Dr. Studt draws upon a study by some of her students at Berkeley. The findings suggest that the paroled offender is distrusted by both the parole agency and by persons in the community, lacks necessities such as enough money, personal and job references, and suitable clothing, is left out of decision-making affecting his life, and experiences difficulties in interpersonal relationships.

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*_The Reentry of the Offender into the Community_ by Elliot Studt, 1967, 22 pp. This study was written under contract with the Office of Juvenile Delinquency and Youth Development, Welfare Administration, U.S. Department of Health, Education, and Welfare, and published by the Department.

The booklet identifies particular sources of strain which often serve to contribute to discretionary, contradictory and ambiguous parole management and delay in decision-making. They are: the law of paroles, that is, legislation establishing the parolee's status and that of the parole agency; differences between parole boards and administrative agencies in outlook and operation; lack of parolee participation in decisions affecting his life; and absence of understanding by parole personnel as to whether their task is basically surveillance or treatment.

Parole administrators are often handicapped by having to defer to higher authorities matters affecting both parolee well-being and community safety. In the community the paroled offender may find that schools will not readily admit him or employers hire him. Neither the parole agent who considers parole as surveillance, measuring success by the discovery of rule violations which return the released offender to prison, nor the agent who sees parole as treatment, measuring success by the proportion of inadequate, confused, often sick individuals who are kept from returning to prison as a result of the control he exerts, looks at the parolee as a well-intentioned person facing a difficult task in adaptation.

"It is a disconcerting fact to those working in corrections and law enforcement that the majority of offenders fails to successfully complete parole," writes Bernard Russell, former Director of the Welfare Administration's Office of Juvenile Delinquency and Youth Development, in the Foreword to this booklet. He further comments that "The consequences of this excessive rate of failure, while serious for the offender, are critical for society, for it is the community that will suffer in the long run from the inability of individual members to behave in an acceptable fashion." From this observation it may be assumed that there is room for improvement in the parole system, which consists of the parole organization as well as persons and agencies in the community who affect the released offender.

Several suggested proposals and programs are set forth by Dr. Studt, most of which attempt to ease the offender's passage from prison to community rather than fundamentally reorganize the system. Among them are (1) furlough, pre-release, and half-way house programs which aim at reducing initial disorientation upon reentering the community; (2) group programs which provide peer support; (3) enlisting employers' cooperation in providing job opportunities; and (4) persuading the community to adopt more positive attitudes toward the reintegration of the parolee. Dr. Studt recognizes that these programs are worthy of further research but emphasizes that their success depends on a modification of the entire parole system.

The study calls attention to the special needs of adolescent offenders who are experiencing the transitional passage from childhood to adulthood. Serious consequences for these youths and for society may result from rejection by, or failure in, school and consequent inability to enter the world of work. It also indicates the need for further research on the parole process. How administrative decisions by the parole agency affect the parolee's performance in the community and how the released offenders themselves experience the process are among the most important areas recommended for further inquiry.

This study of the parole process concludes with a restatement of the author's belief that the successful reentry of the offender into the community requires a "revision of relationships between the parolee, the parole agency, and other community authorities."

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Publications of Interest*

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EMPEY, LaMAR T. *Alternatives to incarceration.* Office of Juvenile Delinquency and Youth Development publication No. 9001. Washington: Government Printing Office. 1967. 88 p. 40¢. Broad view of correctional systems and philosophies.

HOYLE, BERNADETTE W. *Information services in public welfare agencies.* Welfare Administration publication No. 19. Washington: U.S. Government Printing Office. 1967. 39 p. 20¢.

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U.S. WELFARE ADMINISTRATION. *Cities in crisis: the challenge of change.* Welfare Administration publication No. 20. Washington: U.S. Government Printing Office. 1967. 47 p. 55¢. Graphic presentation of some major current Welfare Administration program services which are helping city residents to a better life.

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ASCH, SIDNEY H. *Police authority and the rights of the individual.* New York: Arco. 1967. 126 p. $4.95.

BAUMEISTER, ALFRED A., ed. *Mental retardation: appraisal, education, and rehabilitation.* Chicago: Aldine Publishing Co. August 1967. 419 p. $12.50.

BOGUE, DONALD J. "The end of the population explosion." *The public interest.* Spring 1967. p. 11-20. Discusses various aspects of birth control and family planning.

CASEY, WILLIAM J. *The truth about probate and family financial planning.* New York: Institute for Business Planning. 1967. 193 p. $6.95.

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GELLHORN, WALTER. *Ombudsmen and others: citizens' protectors in nine countries.* Cambridge, Mass.: Harvard University Press. 1967. 448 p. $6.95.

GREENLEIGH ASSOCIATES. *A study: those not working in a tight labor market, Milwaukee, Wisconsin.* Conducted for the Office of Economic Opportunity and the U.S. Department of Labor by Greenleigh Associates, Inc. New York: 355 Lexington Avenue. 1967. 101 p. $4.00.

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SMALLEY, RUTH ELIZABETH. *Theory for social work practice.* New York: Columbia University Press. 1967. $7.50. 327 p.

U.S. CONGRESS. HOUSE COMMITTEE ON GOVERNMENT OPERATIONS. *The use of social research in Federal domestic programs.* U.S. Government Printing Office. 1967. 4 vols. (90th Cong. 1st sess. committee print.) V. 1, $1.00; V. 2, $1.75; V. 3, $1.75; V. 4, $1.75. I. Federally financed social research. II. The adequacy and usefulness of Federally financed research on major national social problems. III. The relation of private social scientists to Federal programs on national social problems. IV. Current issues in the administration of Federal social research.

*U.S. Government publications for which prices are listed may be ordered from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402 (25 percent discount on lots of 100 or more). Inquiries or orders for other publications should be directed to the publisher or issuing agency.

Program and Operating Statistics

Public Assistance in April 1967

Seasonal improvement in economic conditions was largely responsible for the April decrease in the number of recipients of general assistance (33,500 or 4.7 percent) and in the unemployed-parent segment of aid to families with dependent children (4,800 or 1.2 percent). The number of recipients in families receiving aid to families with dependent children for reasons other than unemployment of a parent rose by 50,300 or 1.1 percent.

Thirty-one States reported fewer recipients of old-age assistance in April than in March, and the national total decreased 1,600 or 0.1 percent. For the Nation, aid to the blind showed a small drop in number of recipients, and in aid to the permanently and totally disabled the number rose 4,700 or 0.8 percent.

In 15 States reporting the number of persons for whom medical bills were paid under medical assistance (title XIX) this count totaled 1,187,000--an estimated drop of 2.8 percent from the March figure. These 15 States accounted for 46 percent of total payments to medical vendors in April under all title XIX programs. For medical assistance for the aged, the number of individuals in whose behalf bills were paid also decreased--from 49,800 in March to 49,100 in April.

Assistance payments under all programs, including vendor payments for medical care, rose $12.9 million to $633.1 million. California reported an increase of $19.4 million for medical assistance, largely because of actions taken recently to achieve more rapid payment of current bills.

Nationally, money payments under federally aided programs and general assistance increased $1.4 million, reflecting primarily the increase of $2.1 million in aid to families with dependent children. For that program, 44 States reported an increase in total payments. The only decrease in money payments ($352,000) occurred in old-age assistance.

The average money payment under all programs remained practically unchanged from March to April in the Nation as a whole. Compared with April a year ago, however, the average payment per recipient was up $7 in aid to the permanently and totally disabled and $4 in old-age assistance, aid to the blind, aid to families with dependent children, and general assistance.

Table 1. Amount of public assistance payments in the United States, by month, April 1966-April 1967[1]

Year and month	Total	Money payments 2/ (In thousands)							Medical vendor payments 3/ (In thousands)					
		Total	Federally aided programs					General assistance 5/	Total	Federally aided programs				General assistance 5/
			Total	Old-age assistance 4/	Aid to the blind 4/	Aid to the permanently and totally disabled 4/	Aid to families with dependent children			Total	Medical assistance 6/	Medical assistance for the aged 4/	Other	
	Amount of assistance													
1966														
April	$498,076	$350,833	$329,389	$132,591	$7,033	$39,054	$150,711	$21,443	$147,244	$136,225	$46,718	$37,458	$52,049	$11,019
May	539,933	351,379	330,698	133,382	7,062	39,628	150,626	20,681	188,554	177,598	7/ 103,721	28,183	45,693	10,956
June	535,905	352,081	331,320	133,819	7,095	39,996	150,409	20,761	183,824	173,512	100,002	28,118	45,392	10,312
July	517,921	337,767	317,084	136,174	7,173	40,811	152,925	20,683	160,154	150,311	107,537	17,762	25,012	9,843
August	536,545	363,888	341,897	137,945	7,219	41,576	155,157	21,991	172,657	163,722	118,515	18,802	26,404	8,935
September	535,603	373,355	350,705	140,257	7,280	42,162	161,006	22,650	162,248	154,210	121,698	11,616	20,896	8,038
October	543,985	374,092	351,519	140,486	7,244	42,524	161,265	22,573	169,893	161,205	133,039	5,823	20,343	8,688
November	577,319	377,953	355,448	140,180	7,208	43,073	164,987	22,505	199,366	191,567	166,286	5,245	20,036	7,799
December	583,259	385,957	361,771	141,084	7,268	43,920	169,499	24,186	197,301	190,513	165,372	5,087	20,054	6,788
1967														
January	568,415	389,229	364,482	140,202	7,217	44,131	172,932	24,747	179,186	174,103	148,367	5,206	20,531	5,083
February	572,543	392,780	367,719	140,204	7,212	44,670	175,633	25,060	179,764	174,451	144,526	5,082	24,842	5,313
March	620,139	400,725	373,914	140,758	7,241	45,431	180,484	26,810	219,414	213,891	186,452	5,025	22,414	5,523
April	633,060	402,020	376,306	140,406	7,242	46,024	182,634	25,713	231,040	225,417	197,897	5,031	22,489	5,623
	Percentage change from preceding month													
1966														
April	-0.7	-0.5	-0.1	+0.3	+0.6	+1.1	-0.8	-5.5	-1.2	-1.3	+4.9	-9.5	-0.1	+0.8
May	+8.4	+.2	+.4	+.6	+.4	+1.5	-.1	-3.6	+28.1	+30.4	+122.0	-24.8	-12.2	-.6
June	-.7	+.2	+.2	+.3	+.5	+.9	-.1	+.4	-2.5	-2.3	-3.6	-.2	-.6	-5.9
July	-3.4	+1.6	+1.7	+1.8	+1.1	+2.0	+1.7	-.4	-12.9	-13.4	+7.5	-36.8	-44.9	-4.5
August	+3.6	+1.7	+1.4	+1.3	+.6	+1.9	+1.5	+6.3	+7.8	+8.9	+10.2	+5.9	+5.6	-9.2
September	-.2	+2.6	+2.6	+1.7	+.8	+1.4	+3.8	+3.0	-6.0	-5.8	+2.7	-38.2	-20.9	-10.0
October	+1.6	+.2	+.2	+.2	-.5	+.9	+.2	-.3	+4.7	+4.5	+11.0	-49.9	-2.6	+8.1
November	+6.1	+1.0	+1.1	-.2	-.5	+1.3	+2.3	+1.7	+17.3	+18.8	+23.1	-9.9	-1.5	-10.2
December	+1.0	+2.1	+1.8	+.6	+.8	+2.0	+2.7	+7.5	-1.0	-.6	-.6	-3.0	+.1	-13.0
1967														
January	-2.5	+.8	+.7	-.6	-.7	+.5	+2.0	+2.6	-9.2	-8.6	-10.3	+2.3	+2.4	-25.1
February	+.7	+.9	+.9	(8/)	-.1	+1.2	+1.6	+1.3	+.3	+.2	-2.6	-2.4	+21.1	+4.5
March	+8.3	+2.0	+1.7	+.4	+.4	+1.7	+2.8	+7.0	+22.1	+22.6	+29.0	-1.1	-9.8	+4.0
April	+2.1	+.3	+.6	-.2	(8/)	+1.3	+1.2	-4.1	+5.3	+5.4	+6.1	+.1	+.3	+1.8
	Percentage change from same month of preceding year													
1967														
April	+27.1	+14.6	+14.2	+5.9	+3.0	+17.8	+21.2	+20.2	+56.9	+65.5	+323.6	-86.6	-56.8	-49.0

1/ All data subject to revision.
2/ Includes nonmedical vendor payments.
3/ Amounts represent primarily bills paid during the month and therefore are subject to fluctuations unrelated to provision of medical services.
4/ Represents data for recipients of the specified types of assistance under separate State programs and under State programs for aid to the aged, blind, or disabled, or for such aid and medical assistance for the aged.
5/ Partly estimated. Does not include Idaho, Indiana, and Nebraska for all months and Kentucky beginning February 1967; data not available. Percentage change from preceding month and from same month of preceding year based on comparable data.
6/ Program initiated January 1966 under Public Law 89-97. Data incomplete. See table 10 for States reporting for most recent month.
7/ Includes retroactive payments of $16,776,000 for aged recipients in mental hygiene hospitals in New York.
8/ Increase of less than 0.05 percent.

2/ Partly estimated. Does not include Idaho, Indiana, and Nebraska for all months and Kentucky beginning February 1967; data not available. Percentage change from preceding month and from same month of preceding year based on comparable data.
6/ Program initiated January 1966 under Public Law 89-97. Data incomplete. See table 10 for States reporting for most recent month.
7/ Includes retroactive payments of $16,776,000 for aged recipients in mental hygiene hospitals in New York.
8/ Increase of less than 0.05 percent.

Table 2. Number of recipients of public assistance money payments in the United States, by month, April 1966-April 1967[1]

Year and month	Federally aided programs								General assistance 2/	
	Total	Adult programs				Aid to families with dependent children				
		Total	Old-age assistance 3/	Aid to the blind 3/	Aid to the permanently and totally disabled 3/	Families	Total recipients 4/	Children	Cases	Recipients
	Number of recipients (In thousands)									
1966										
April	7,251	2,724	2,073	84.5	566	1,086	4,527	3,418	302	647
May	7,238	2,733	2,078	84.6	570	1,084	4,505	3,405	290	609
June	7,206	2,734	2,076	84.5	573	1,079	4,472	3,382	286	592
July	7,189	2,732	2,078	84.4	570	1,076	4,457	3,371	279	574
August	7,217	2,737	2,078	84.4	574	1,084	4,480	3,390	286	597
September	7,256	2,748	2,084	84.4	580	1,091	4,508	3,414	286	597
October	7,284	2,756	2,089	84.1	583	1,097	4,528	3,428	287	596
November	7,316	2,748	2,079	83.8	585	1,108	4,568	3,460	288	611
December	7,410	2,745	2,073	83.7	588	1,127	4,666	3,526	302	663
1967										
January	7,489	2,742	2,068	83.5	590	1,144	4,748	3,582	309	684
February	7,559	2,742	2,066	83.3	592	1,160	4,817	3,630	312	692
March	7,647	2,747	2,066	83.3	597	1,179	4,900	3,688	324	720
April	7,695	2,750	2,064	83.1	602	1,193	4,946	3,720	317	687
	Percentage change from preceding month									
1966										
April	+0.1	+0.1	(5/)	-0.2	+0.6	+0.4	+0.1	+0.3	-5.9	-8.9
May	-.2	+.3	+.2	+.1	+.7	-.2	-.5	-.4	-3.9	-6.1
June	-.4	(6/)	-.1	-.1	+.5	-.4	-.7	-.7	-1.6	-2.9
July	-.2	-.1	+.1	-.2	-.7	-.2	-.3	-.3	-2.3	-3.1
August	+.4	+.2	(6/)	(6/)	+.8	+.7	+.5	+.6	+2.2	+3.8
September	+.5	+.4	+.2	(5/)	+.9	+.6	+.6	+.7	+.1	(6/)
October	+.4	+.3	+.3	-.3	+.5	+.5	+.4	+.4	+.3	-.2
November	+.4	-.3	-.5	-.4	+.3	+1.1	+.9	+1.0	+1.2	+2.6
December	+1.3	-.1	-.3	-.1	+.5	+1.7	+2.1	+1.9	+4.8	+8.4
1967										
January	+1.1	-.1	-.2	-.2	+.4	+1.6	+1.8	+1.6	+2.9	+4.0
February	+.9	(5/)	-.1	-.3	+.4	+1.3	+1.5	+1.3	+.9	+1.2
March	+1.2	+.2	(5/)	(5/)	+.9	+1.6	+1.7	+1.6	+3.8	+4.0
April	+.6	+.1	-.1	-.2	+.8	+1.2	+.9	+.9	-1.9	-4.7
	Percentage change from same month of preceding year									
1967										
April	+6.1	+.9	-.4	-1.7	+6.3	+9.8	+9.2	+8.8	+5.7	+6.9

1/ All data subject to revision.
2/ Partly estimated. Does not include Idaho, Indiana, and Nebraska for all months and Kentucky beginning February 1967; data not available. Percentage change from preceding month and from same month of preceding year based on comparable data.
3/ Represents data for recipients of the specified types of assistance under separate State programs, and under State programs for the aged, blind, or disabled, or for such aid and medical assistance for the aged.
4/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of such adults were considered in determining the amount of assistance.
5/ Decrease of less than 0.05 percent.
6/ Increase of less than 0.05 percent.

Table 3. Number of persons on whose behalf payments were made to medical vendors under programs of medical assistance and medical assistance for the aged, by month, April 1966-April 1967[1]

Year and month	Medical assistance					Medical assistance for the aged		
	States with plans in operation 2/			Persons on whose behalf payments were made 3/			Persons on whose behalf payments were made 3/	
	Total	Reporting both number of persons aided and payments		Number	Percentage change from preceding month	States with plans in operation	Number	Percentage change from preceding month
		Number	Percent of reported payments in such States 4/					
1966								
April	8	6	48.3	369,000	+4.9	39	218,000	-0.9
May	9	7	63.0	623,000	+68.7	38	190,000	-12.7
June	9	7	53.9	653,000	+4.8	38	195,000	+2.8
July	24	13	53.4	790,000	+26.0	5/ 23	100,000	-49.0
August	24	13	53.0	826,000	+4.6	5/ 25	97,100	-2.6
September	25	15	64.7	928,000	6/ +12.4	5/ 24	66,300	-31.7
October	26	15	59.9	996,000	+7.3	5/ 23	51,100	-23.0
November	27	15	62.1	1,127,000	+13.1	5/ 22	47,600	-6.9
December	28	15	64.5	1,057,000	-6.3	5/ 21	48,400	+1.7
1967								
January	28	15	53.5	1,140,000	+7.9	5/ 21	45,300	-6.4
February	28	16	58.3	1,172,000	+2.8	20	48,500	+7.1
March	29	16	58.4	1,272,000	+8.5	18	49,800	+2.6
April	29	15	45.8	1,187,000	6/ -2.8	5/ 20	49,100	-1.4

1/ States operating medical assistance programs under title XIX of the Social Security Act do not make payments to vendors under any other federally aided public assistance program. Most States not operating medical assistance programs make payments to medical vendors under the program of medical assistance for the aged and also under the other federally aided public assistance programs and general assistance. Medical assistance programs were authorized under the Social Security Amendments of 1965, effective January 1, 1966; programs of medical assistance for the aged were authorized under the Social Security Amendments of 1960, effective October 1, 1960. All data subject to revision.

2/ Includes some States for which action to approve plan taken after State initiated operations under the plan.

3/ Number includes persons in all States reporting for the month. Data represent primarily counts of persons for whom bills were paid during the month and therefore are subject to fluctuations unrelated to provision of medical services.

4/ No recipients or payments reported by Puerto Rico for April 1966-December 1966, or by Virgin Islands for July to date.

5/ Data include payments for care provided prior to specified date under programs discontinued prior to that month.

6/ Based on data for States reporting comparable data for both months.

Table 4. Old-age assistance: Recipients and payments to recipients, by State, April 1967[1]

[Excludes vendor payments for medical care and cases receiving only such payments]

State	Number of recipients	Payments to recipients		Percentage change from--			
		Total amount	Average	March 1967 in--		April 1966 in--	
				Number	Amount	Number	Amount
Total 2/....	2,064,000	$140,406,000	$68.00	-0.1	-0.2	-0.4	+5.9
Ala.....	113,000	6,816,000	60.35	+.1	(3/)	+1.1	+3.6
Alaska 4/.....	1,400	98,100	71.10	-.1	-.2	+.2	+1.4
Ariz.....	12,900	731,000	56.65	-.4	-.5	+.1	-1.5
Ark. 4/.....	63,900	3,835,000	60.05	+.4	+.2	+6.1	+24.6
Calif.....	287,000	29,110,000	101.35	+.2	+.1	+3.2	+8.2
Colo. 2/.....	41,100	3,305,000	80.40	-.3	-.5	-2.7	(3/)
Conn.....	6,200	438,000	70.60	+.7	-1.7	+12.5	+20.4
Del.....	1,700	109,000	63.90	+.2	+.8	+10.7	+35.8
D. C.....	2,200	154,000	69.85	+.2	-.5	-2.5	+6.7
Fla. 4/.....	78,600	3,872,000	49.30	(5/)	(3/)	+3.8	+.6
Ga. 4/.....	94,200	4,459,000	47.35	+.1	(3/)	+1.4	+1.2
Guam.....	190	6,800	35.65	+1.1	+.1	+4.4	+3.6
Hawaii 4/.....	1,700	130,000	77.70	+2.1	+.2	+22.0	+27.1
Idaho.....	3,800	248,000	65.45	-.7	-.1	+1.0	+5.1
Ill. 4/.....	39,500	2,470,000	62.55	-.6	-2.0	-10.6	+.7
Ind.....	18,700	884,000	47.20	-.4	+.5	-5.1	-8.5
Iowa.....	24,000	1,465,000	61.10	-.2	(3/)	-7.0	+.9
Kans. 4/.....	17,300	1,405,000	81.10	-.5	-.6	-8.8	+1.3
Ky. 4/.....	59,400	3,334,000	56.10	(3/)	+.1	+2.3	+12.4
La.....	124,000	9,113,000	73.35	+.2	+.1	-4.0	+6.1
Maine 4/.....	10,100	555,000	55.20	+.2	-.5	-6.6	+.1
Md. 4/.....	7,900	460,000	58.10	-.9	-.3	+.5	+2.5
Mass.....	49,700	3,990,000	80.20	-.2	+.2	+2.7	+2.8
Mich.....	39,700	2,717,000	68.35	+.5	+1.0	-1.2	(5/)
Minn.....	26,800	1,604,000	59.90	-1.2	-.6	-18.0	-7.4
Miss.....	74,300	2,877,000	38.70	+.1	-.1	+1.2	+1.4
Mo.....	89,600	6,118,000	68.25	-.3	-.1	-3.1	-1.3
Mont.....	4,000	251,000	63.35	-.7	-.8	-2.9	-4.6
Nebr. 4/.....	10,500	514,000	49.00	-1.2	(5/)	+.1	+8.7
Nev.....	2,500	184,000	75.05	-.6	-.4	+5.9	+8.2
N. H.....	4,200	412,000	98.80	0	-.6	-.8	+12.3
N. J.....	13,600	1,018,000	74.75	+.1	+1.5	+.3	+12.8
N. Mex. 4/.....	9,500	546,000	57.80	+.3	+.3	-2.9	-2.1
N. Y. 4/.....	67,800	5,669,000	83.60	-.4	-.9	+21.5	+33.0
N. C.....	39,500	2,386,000	60.45	-.1	+.4	-5.8	+4.2
N. Dak. 4/.....	4,400	336,000	76.50	-.9	-1.4	-11.8	+5.0
Ohio.....	72,600	5,768,000	79.40	-.5	-.5	-3.4	+6.2
Okla. 4/.....	80,300	6,011,000	74.85	-.4	-4.6	-.5	-.4
Oreg.....	11,200	573,000	51.30	+.3	+.3	+23.1	+8.6
Pa.....	43,700	3,260,000	74.65	-.2	+.2	+.8	+8.4
P. R. 4/.....	25,100	217,000	8.65	-.4	-.3	-8.7	-8.2
R. I. 4/.....	4,600	265,000	57.45	-.4	-.3	-14.4	-41.6
S. C.....	22,100	917,000	41.45	-.6	-.8	-7.6	-3.1
S. Dak.....	5,500	340,000	62.20	+.3	+1.3	-12.2	+4.1
Tenn.....	46,200	2,471,000	53.45	+.5	+.2	+4.3	+20.2
Tex.....	229,000	14,155,000	61.80	+.1	+.2	+.4	+4.7
Utah.....	4,700	278,000	59.60	-.7	+.2	+7.9	+11.4
Vt. 4/.....	4,200	273,000	64.75	-.7	-.1	-16.0	+14.9
V. I.....	410	15,700	38.55	+.5	+1.6	-5.6	-5.4
Va.....	11,100	601,000	54.30	-.2	+.7	-5.5	+.2
Wash.....	26,600	1,788,000	67.20	-.9	+1.5	-5.6	+4.0
W. Va.....	12,200	671,000	54.75	-2.5	+2.1	-8.3	+20.5
Wis.....	17,600	1,022,000	58.15	-.7	-.2	-30.0	+24.4
Wyo.....	2,300	160,000	69.85	+.7	+.6	-.4	-.6

1/ All data subject to revision.
2/ Includes 3,700 recipients aged 60-64 in Colorado and payments of $338,000 to these recipients. Such payments were made without Federal participation.
3/ Decrease of less than 0.05 percent.
4/ No recipients or payments reported by Puerto Rico for April 1966-December 1966, or by Virgin Islands for July to date.
5/ Represents aid to the aged under program for aid to the aged, blind, or disabled, or for such aid and medical assistance for the aged.
6/ Data include payments for care provided prior to specified date under programs discontinued prior to that month.
7/ Increase of less than 0.05 percent.
8/ Based on data for States reporting comparable data for both months.

Table 5. Aid to the blind: Recipients and payments to recipients, by State, April 1967[1]

[Excludes vendor payments for medical care and cases receiving only such payments]

State	Number of recipients	Payments to recipients		Percentage change from--			
		Total amount	Average	March 1967 in--		April 1966 in--	
				Number	Amount	Number	Amount
Total 2/ 3/...	83,100	$7,242,000	$87.10	-0.2	(4/)	-1.7	+3.0
Ala.	1,800	128,000	70.10	-.6	-.3	-1.7	+3.7
Alaska 5/	100	8,600	85.35	-2.9	-2.1	-8.2	-3.4
Ariz.	730	51,600	70.50	+.7	+.7	-6.4	-7.8
Ark. 5/	1,900	137,000	71.30	+.2	+.4	+1.3	+18.7
Calif. 2/	12,500	1,635,000	131.05	+.2	-.5	+.6	+3.4
Colo.	220	16,100	72.40	-1.8	-.4	-5.1	-4.3
Conn.	260	20,600	78.50	-1.9	-6.6	-8.1	-2.6
Del.	330	27,600	83.00	+.6	+.3	-.6	+5.9
D. C.	190	16,400	85.80	-2.1	-2.8	-3.5	+11.2
Fla. 5/	2,600	163,000	63.00	+.2	+.4	(4/)	+.2
Ga. 5/	3,200	181,000	57.25	+.1	+.1	-1.1	-.4
Guam	6	180	(6/)	(6/)	(6/)	(6/)	(6/)
Hawaii 5/	67	6,100	90.45	(6/)	(6/)	(6/)	(6/)
Idaho	110	8,800	79.90	-2.7	+.2	-6.8	+5.2
Ill. 5/	1,900	148,000	77.15	-.8	-.1	-9.6	+.3
Ind.	1,500	99,600	64.45	-.3	+.5	-5.2	-5.3
Iowa	1,100	97,100	92.20	+.2	-.1	+.5	-2.3
Kans. 5/	410	36,100	87.60	+.2	-1.0	-8.0	-1.6
Ky. 5/	2,500	175,000	70.10	+.6	+.5	+1.2	+7.7
La.	2,500	191,000	75.70	-.6	-.3	-4.3	-6.4
Maine 5/	220	16,900	74.95	-1.3	-1.6	-8.5	-6.9
Md. 5/	340	25,100	74.45	-.3	+.1	-4.8	+.7
Mass.	2,300	268,000	118.85	+1.5	+5.7	+.5	-12.0
Mich.	1,500	121,000	82.30	+.3	+.8	-7.3	-7.7
Minn.	860	64,900	75.75	+1.2	+2.0	-11.0	-6.2
Miss.	2,500	112,000	45.85	+.2	+.1	-1.3	-.8
Mo. 2/	4,000	321,000	80.00	-.5	-.5	-4.6	-4.6
Mont.	180	14,200	77.00	-2.6	-1.3	-16.7	-9.9
Nebr. 5/	450	29,200	65.10	-1.8	-1.4	-13.0	-4.2
Nev.	160	14,100	89.65	+1.3	-2.9	-1.9	-9.9
N. H.	240	25,900	105.70	-.8	-.6	+.4	+10.7
N. J.	890	78,900	88.25	-.8	-1.5	+1.0	+9.7
N. Mex. 5/	350	26,100	73.95	+.6	+.9	+1.4	+3.1
N. Y. 2/	3,100	325,000	104.85	-.5	+1.5	+2.6	+23.0
N. C. 7/	4,600	340,000	73.05	---	---	---	---
N. Dak. 5/	86	7,400	85.75	(6/)	(6/)	(6/)	(6/)
Ohio	3,000	230,000	77.15	-.7	-.9	-2.2	+1.9
Okla. 5/	1,500	164,000	105.80	-1.1	-1.1	-2.9	(4/)
Oreg.	490	42,700	87.75	+2.1	+.8	+1.9	+4.6
Pa. 3/	9,900	1,071,000	108.15	-.5	-.4	+6.0	+7.3
P. R. 5/	1,100	9,800	8.75	-.8	-1.1	-13.1	-12.3
R. I. 5/	110	8,300	72.80	+2.7	+1.3	+6.5	-8.3
S. C.	1,900	104,000	55.30	-.6	-1.0	-.6	+3.1
S. Dak.	120	9,300	81.30	-.9	-1.9	+4.5	+28.9
Tenn.	1,800	123,000	66.55	+.2	-.1	-8.5	+5.9
Tex.	4,200	316,000	74.70	-.5	(8/)	-3.2	+1.7
Utah	150	10,200	69.45	+1.4	+6.9	-9.8	+9.4
Vt. 5/	110	7,900	72.80	+.9	+1.3	-13.6	+4.2
V. I.	10	350	(6/)	(6/)	(6/)	(6/)	(6/)
Va.	1,100	79,100	71.85	-.2	+1.2	-1.5	+13.3
Wash.	510	44,000	86.05	-1.9	-.3	-11.4	+4.1
W. Va.	660	35,400	53.30	-4.0	-1.3	-12.3	+6.3
Wis.	630	46,900	74.50	(4/)	+1.9	-13.4	+21.9
Wyo.	51	3,500	69.35	(6/)	(6/)	(6/)	(6/)

1/ All data subject to revision.
2/ Data include recipients of payments made without Federal participation and payments to these recipients as follows: California, $21,000 to 110 recipients and Missouri, $49,600 to 610 recipients.
3/ Does not include $575,000 to an estimated 7,700 recipients under State blind pension program in Pennsylvania administered under State law without Federal participation.
4/ Increase of less than 0.05 percent.
5/ Represents aid to the blind under program for aid to the aged, blind, or disabled, or for such aid and medical assistance for the aged.
6/ Average payment not computed on base of fewer than 50 recipients; percentage change on fewer than 100 recipients.
7/ Data for March; April data not reported.
8/ Decrease of less than 0.05 percent.

Table 6. Aid to the permanently and totally disabled: Recipients and payments to recipients, by State, April 1967[1]

[Excludes vendor payments for medical care and cases receiving only such payments]

State	Number of recipients	Payments to recipients		Percentage change from--			
		Total amount	Average	March 1967 in--		April 1966 in--	
				Number	Amount	Number	Amount
Total....	602,000	$46,024,000	$76.45	+0.8	+1.3	+6.3	+17.8
Ala.....	15,100	686,000	45.30	-.1	-.1	+2.0	+2.3
Alaska 2/...	350	26,700	77.00	+4.8	+6.3	+34.0	+42.8
Ariz.....	5,100	335,000	66.10	+2.0	+2.2	+19.0	+17.6
Ark. 2/.....	11,000	711,000	64.30	+1.3	+1.2	+13.6	+28.0
Calif.....	104,000	11,940,000	115.00	+1.9	+2.5	+22.7	+32.4
Colo.....	6,900	445,000	64.40	+.8	+1.0	+5.3	+7.8
Conn.....	5,400	450,000	83.45	-1.3	-3.0	-39.8	+7.4
Del.....	790	71,200	90.50	+5.1	+5.7	+57.2	+76.4
D. C.....	3,900	332,000	85.95	+1.7	+1.7	+13.6	+28.0
Fla. 2/.....	20,900	1,253,000	59.95	+.1	+.2	+11.3	+12.8
Ga. 2/.....	28,000	1,559,000	55.65	+.4	+.4	+.2	(3/)
Guam.....	46	1,700	(4/)	(4/)	(4/)	(4/)	(4/)
Hawaii 2/...	1,300	144,000	106.80	+.8	+2.7	+24.7	+47.6
Idaho.....	2,500	179,000	71.65	-1.3	+.6	-21.0	+11.4
Ill. 2/.....	30,200	2,375,000	78.55	+.1	+.4	+4.0	+10.6
Ind.....	2,200	100,000	46.60	+2.3	+2.4	+24.9	+13.2
Iowa.....	1,800	120,000	65.30	+2.5	+3.5	+26.5	+32.8
Kans. 2/....	5,400	591,000	108.85	+.9	+.6	+7.5	+20.4
Ky. 2/.....	13,200	920,000	69.90	+.8	+.9	+8.2	+15.4
La.....	21,900	1,127,000	51.45	+.5	+.5	+6.9	+.6
Maine 2/....	2,300	174,000	74.50	+.3	+.1	+2.5	+9.0
Md. 2/.....	9,900	727,000	73.70	+2.6	+3.1	+26.9	+30.8
Mass.....	13,200	1,160,000	87.65	+1.6	+2.0	+2.2	+14.4
Mich.....	15,700	1,248,000	79.30	+2.4	+2.3	+9.1	-4.5
Minn.....	7,000	501,000	71.75	+2.2	+3.9	+35.0	+39.9
Miss.....	21,100	956,000	45.20	+.3	+.2	+5.0	+4.0
Mo.....	16,300	1,191,000	72.85	+.2	+.3	+5.3	+5.7
Mont.....	1,400	104,000	76.50	+.7	+.7	-13.3	+3.6
Nebr. 2/....	3,100	189,000	61.10	+.6	+1.6	(5/)	+16.4
N. H.....	680	60,800	89.85	-.9	+.6	+1.8	+8.9
N. J.....	9,100	790,000	87.00	+.9	+2.4	+5.4	+18.0
N. Mex. 2/..	4,600	322,000	70.20	+1.5	+1.2	+10.6	+11.3
N. Y. 2/....	36,900	3,417,000	92.55	+1.1	+.1	+11.9	+28.5
N. C.....	22,900	1,511,000	65.95	+.5	+.7	+2.1	+8.6
N. Dak. 2/..	1,800	143,000	81.65	+.5	-.3	+10.6	+24.2
Ohio.....	21,300	1,536,000	72.25	+.6	+1.0	+7.3	+10.5
Okla. 2/....	18,700	1,774,000	95.05	+1.3	+1.4	+17.5	+20.9
Oreg.....	5,300	401,000	75.60	+1.1	+1.7	-35.0	-4.8
Pa.....	24,600	1,826,000	74.20	+1.9	+1.8	+20.4	+25.1
P. R. 2/....	13,700	118,000	8.55	-5.6	-5.9	-31.5	-32.4
R. I. 2/....	3,100	240,000	77.20	+.7	+1.3	+5.5	+.7
S. C.....	9,300	447,000	48.00	+.2	-.1	+.9	+6.7
S. Dak.....	1,300	83,000	64.15	+1.1	+2.5	+10.3	+17.9
Tenn.....	15,900	1,033,000	65.10	+.8	+.8	+10.0	+29.3
Tex.....	11,300	687,000	60.90	+.8	+1.0	+9.9	+13.6
Utah.....	3,400	212,000	62.15	(3/)	+.4	-29.7	+3.3
Vt. 2/.....	1,200	96,100	76.95	+1.1	+1.5	-8.1	+17.0
V. I.....	46	1,800	(4/)	(4/)	(4/)	(4/)	(4/)
Va.....	6,900	439,000	63.65	+.4	+1.0	+3.9	+9.8
Wash.....	9,300	650,000	70.20	-2.2	-.6	-24.4	+10.1
W. Va.....	5,700	292,000	51.10	-2.9	+.3	-2.5	+17.8
Wis.....	4,400	272,000	61.65	+.6	+.2	-11.2	+33.1
Wyo.....	820	58,500	71.65	+4.3	+4.8	+12.1	+15.8

1/ All data subject to revision.
2/ Represents aid to the permanently and totally disabled under program for aid to the aged, blind, or disabled, or for such aid and medical assistance for the aged.
3/ Decrease of less than 0.05 percent.
4/ Average payment not computed on base of fewer than 50 recipients; percentage change on fewer than 100 recipients.
5/ Increase of less than 0.05 percent.

Table 7. Aid to families with dependent children: Recipients and payments to recipients, by State, April 1967[1]

[Excludes vendor payments for medical care and cases receiving only such payments]

State	Number of families	Number of recipients		Payments to recipients			Percentage change from--			
					Average per--		March 1967 in--		April 1966 in--	
		Total 2/	Children	Total amount	Family	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total 3/...	1,193,000	4,946,000	3,720,000	$182,634,000	$153.10	$36.95	+0.9	+1.2	+9.2	+21.2
Ala.....	17,300	71,400	57,000	910,000	52.70	12.75	-.1	-.1	(4/)	-.1
Alaska.....	1,400	5,100	3,900	176,000	129.35	34.80	-.6	-.6	+4.2	+2.1
Ariz. 3/.....	10,100	43,200	33,000	1,220,000	120.75	28.25	+1.1	+1.6	+3.6	+4.4
Ark.....	8,700	36,100	27,300	707,000	81.45	19.60	+1.9	+2.0	+12.5	+41.2
Calif. 3/.....	188,000	771,000	564,000	33,579,000	178.35	43.55	+1.2	+.5	+17.6	+17.1
Colo. 3/.....	14,100	55,900	42,500	2,084,000	148.15	37.30	-.6	-.4	+15.3	+17.2
Conn. 3/.....	13,900	55,500	41,500	2,729,000	196.45	49.15	+2.3	+2.2	+6.3	+18.4
Del. 3/.....	3,400	14,800	11,200	465,000	135.40	31.35	+.3	+1.7	+14.0	+18.8
D. C.....	5,000	23,700	19,100	895,000	177.90	37.80	(5/)	-.2	+5.8	+19.9
Fla.....	35,700	141,000	112,000	2,146,000	60.05	15.20	+.7	+.4	+18.3	+18.1
Ga.....	23,800	95,100	73,400	2,248,000	94.35	23.65	+1.5	+1.5	+13.8	+14.3
Guam.....	160	780	660	14,000	90.00	17.90	+3.3	+3.7	+.8	+6.9
Hawaii 3/....	4,100	18,000	13,300	750,000	181.25	41.75	+1.6	+2.4	+19.7	+23.3
Idaho.....	3,000	11,600	8,400	526,000	175.80	45.55	+3.0	+4.2	+13.3	+31.0
Ill. 3/.....	54,400	256,000	200,000	11,142,000	204.90	43.55	+.9	+1.4	+.2	+8.7
Ind.....	11,500	48,300	36,600	1,368,000	118.55	28.30	+1.1	+1.8	+2.5	+6.2
Iowa.....	11,500	45,000	32,900	1,937,000	168.85	43.10	+2.1	+1.3	+.4	+11.0
Kans. 3/.....	8,800	36,500	28,400	1,570,000	179.25	43.00	+.1	+.1	+2.6	+21.6
Ky.....	23,500	92,400	67,100	2,568,000	109.30	27.80	+3.1	+3.0	+12.1	+31.7
La.....	26,200	116,000	89,000	2,750,000	104.95	23.80	+.4	+.5	+5.9	+5.7
Maine.....	5,500	20,700	15,200	617,000	111.45	29.75	+1.1	+1.3	+6.0	+6.7
Md. 3/.....	24,200	98,600	76,200	3,601,000	148.80	36.50	+.1	+.9	+8.7	+12.0
Mass. 3/.....	31,400	118,000	89,000	6,226,000	198.05	52.55	+2.3	+2.3	+15.0	+34.1
Mich. 3/.....	39,700	165,000	124,000	7,425,000	187.00	45.10	+5.5	+12.1	+3.8	+35.5
Minn.....	15,200	55,900	43,300	2,680,000	176.45	47.95	+.7	+1.7	+5.1	+8.5
Miss.....	22,000	91,300	73,700	851,000	38.75	9.35	+.9	+1.1	+7.5	+29.2
Mo.....	26,400	110,000	84,400	2,740,000	103.80	25.00	+.2	+.2	+1.1	+.8
Mont.....	2,400	9,200	7,100	341,000	144.20	37.15	+1.0	+.9	+9.4	+11.9
Nebr. 3/.....	5,200	20,900	15,900	613,000	118.75	29.40	+1.1	+.4	+10.2	+12.9
Nev.....	1,800	7,100	5,600	224,000	124.50	31.55	+.5	+1.0	+29.4	+33.0
N. H.....	1,400	5,600	4,200	231,000	168.65	41.05	+2.0	+1.9	+10.8	+12.9
N. J.....	32,100	129,000	98,000	7,185,000	224.20	55.85	+1.7	+3.9	+12.4	+26.8
N. Mex.....	8,400	34,300	26,100	1,050,000	125.50	30.60	+1.4	+1.8	+9.7	+13.2
N. Y. 3/.....	168,000	687,000	504,000	37,224,000	222.05	54.20	+.8	+.1	+20.4	+43.0
N. C.....	26,400	109,000	82,600	2,692,000	102.10	24.65	+.3	+.6	-1.7	+2.4
N. Dak.....	2,300	9,100	6,900	414,000	183.40	45.30	+1.5	+1.6	+10.1	+24.6
Ohio 3/.....	47,300	198,000	149,000	6,587,000	139.15	33.25	+1.0	+1.1	+2.5	+10.9
Okla. 3/.....	21,800	86,100	64,800	2,975,000	136.60	34.55	(5/)	-.1	+11.5	+18.5
Oreg. 3/.....	10,200	41,200	29,200	1,610,000	157.50	39.10	+2.1	+1.5	+14.5	+20.1
Pa. 3/.....	61,700	268,000	198,000	9,730,000	157.70	36.35	-.6	-.7	+2.4	+17.4
P. R.....	40,600	181,000	139,000	781,000	19.25	4.30	+.2	+.5	-4.0	+.8
R. I. 3/.....	6,900	27,100	19,900	1,141,000	165.15	42.05	-.1	+1.6	+11.3	+20.5
S. C.....	6,400	25,000	20,200	395,000	61.75	15.80	-.6	-.5	-7.8	-4.1
S. Dak.....	3,500	13,000	9,800	481,000	137.65	37.10	+.7	+.8	+7.2	+19.7
Tenn.....	22,100	89,200	68,700	2,348,000	106.45	26.30	+1.1	+1.4	+6.7	+19.7
Tex.....	23,600	106,000	80,100	2,254,000	95.70	21.35	+.9	+.8	+7.8	+7.8
Utah 3/.....	5,900	23,800	17,200	859,000	144.45	36.05	-1.3	-.3	+2.6	+11.0
Vt.....	1,800	6,900	5,100	204,000	112.35	29.50	+2.9	+3.1	+19.1	+19.9
V. I.....	360	1,400	1,200	39,800	110.05	28.25	-4.2	+2.1	+10.9	+59.4
Va.....	12,600	53,800	41,400	1,539,000	122.05	28.65	+1.2	+1.9	+12.8	+31.3
Wash. 3/.....	16,000	62,400	44,700	2,710,000	169.50	43.45	-3.1	-2.4	+8.9	+23.4
W. Va. 3/....	21,100	98,700	70,000	2,477,000	117.45	25.10	-.7	-1.3	+7.8	-2.2
Wis. 3/.....	13,300	53,700	40,900	2,439,000	183.35	45.40	+1.3	+2.6	+26.3	+29.6
Wyo.....	1,200	4,500	3,500	168,000	139.00	36.85	+2.8	+3.0	+10.7	+11.2

1/ All data subject to revision.
2/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of such adults were considered in determining the amount of assistance.
3/ Includes data on unemployed-parent segment; see table 8.
4/ Decrease of less than 0.05 percent.
5/ Increase of less than 0.05 percent.

Table 8. Aid to families with dependent children, unemployed-parent segment: Recipients and payments to recipients, by State, April 1967[1]

[Excludes vendor payments for medical care and cases receiving only such payments]

State	Number of families	Number of recipients		Payments to recipients			Percentage change from--			
		Total 2/	Children	Total	Average per--		March 1967 in--		April 1966 in--	
					Family	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total...	68,400	398,000	269,000	$14,506,000	$212.15	$36.45	-1.2	-1.6	+6.5	+17.0
Ariz.	15	91	62	2,200	(3/)	(3/)	(3/)	(3/)	(4/)	(4/)
Calif.	26,000	151,000	103,000	5,545,000	213.60	36.60	+2.3	-.5	+21.5	+19.6
Colo.	1,700	9,400	6,400	353,000	208.55	37.55	-3.4	-2.7	+405.3	+412.9
Conn.	740	4,200	2,800	145,000	197.60	34.45	+14.3	+15.7	+.8	+.1
Del.	310	1,900	1,300	55,800	178.40	29.85	-7.7	-1.1	+22.4	+30.4
Hawaii	360	2,300	1,500	81,000	223.25	35.90	+.4	+3.5	+34.8	+37.7
Ill.	3,200	20,700	14,500	857,000	267.20	41.35	+2.6	+1.4	-22.8	-15.2
Kans.	270	1,600	1,100	59,300	219.70	36.35	-6.2	-4.9	-21.2	-12.9
Md.	360	2,000	1,300	66,000	185.00	32.30	-27.9	-24.7	-4.3	+1.1
Mass.	670	3,700	2,600	179,000	268.35	48.05	-15.7	+5.1	+4.1	+18.5
Mich.	1,300	8,700	6,100	371,000	283.40	42.70	-5.4	+12.0	-40.5	-11.2
Nebr.	69	460	330	11,100	160.40	23.80	-13.1	-4.2	+46.2	+66.8
N.Y.	14,600	80,800	54,600	3,591,000	245.80	44.45	-2.3	-3.5	+8.6	+29.8
Ohio	3,100	19,000	13,000	587,000	190.65	30.90	+2.7	+3.1	-20.8	-13.8
Okla.	590	3,600	2,400	114,000	192.80	31.90	-1.9	-1.6	+843.5	+875.5
Oreg.	1,800	10,400	6,800	372,000	203.75	35.90	+2.5	+1.3	+37.8	+42.7
Pa.	3,000	17,600	11,800	477,000	159.55	27.15	-10.5	-9.7	-15.8	-4.9
R.I.	330	1,900	1,200	63,700	193.10	33.75	-4.5	-4.5	+1.8	+9.7
Utah	920	5,400	3,500	107,000	117.05	19.75	-7.7	-7.2	-8.4	-3.0
Washington	1,600	8,900	5,700	315,000	195.10	35.40	-20.6	-19.7	+37.4	+66.7
W. Va.	7,000	41,100	27,700	1,042,000	148.85	25.35	-1.0	-1.2	-15.6	-9.6
Wis.	460	2,600	1,800	112,000	241.60	42.80	+2.9	+5.9	(4/)	(4/)

1/ Data for this segment of the program, shown separately here, are included in data for the total program. All data subject to revision.
2/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of such adults were considered in determining the amount of assistance.
3/ Average payment not computed on fewer than 50 families; percentage change on fewer than 100 recipients.
4/ No program in operation in April 1966.

Table 9. Aid to families with dependent children receiving foster care: Recipients and payments for foster care, by State, April 1967[1]

State	Number of--				Payments for foster care			
	Children receiving foster care			Families from which children were removed	Total amount	Average per child	In foster homes	In institutions
	Total	In foster homes	In institutions					
Total.....	7,900	2/ 6,800	2/ 440	3,500	$639,000	$81.10	2/ $486,000	2/ $60,900
Ala.	0	0	0	0	0	---	0	0
Alaska	56	56	0	27	6,300	111.80	6,300	0
Ariz.	300	300	0	120	23,200	76.35	23,200	0
Calif.	1,700	1,500	220	880	170,000	97.75	134,000	36,100
Conn.	3	3	0	1	7	(4/)	7	0
Ill.	600	(2/)	(2/)	310	92,100	152.80	(2/)	(2/)
Ind.	170	170	0	57	6,700	39.20	6,700	0
Kans.	130	130	2	58	13,000	99.35	12,700	360
Ky.	(3/)	(3/)	(3/)	(3/)	(3/)	---	(3/)	(3/)
La.	780	720	58	330	59,200	75.85	52,200	6,900
Md.	1,200	1,100	52	410	92,200	78.05	86,600	5,600
Mich.	90	90	0	37	6,500	72.00	6,500	0
Minn.	(3/)	(3/)	(3/)	(3/)	(3/)	---	(3/)	(3/)
Mo.	150	150	0	41	8,000	53.95	8,000	0
Nebr.	73	55	18	33	3,400	46.55	2,500	930
N. Mex.	110	110	0	19	6,100	56.40	6,100	0
N. C.	22	22	0	6	1,100	(4/)	1,100	0
Ohio	350	330	16	140	18,900	53.85	17,900	950
Okla.	380	380	0	310	21,800	56.85	21,800	0
Oreg.	120	120	0	47	8,400	72.05	8,400	0
Tenn.	460	430	31	170	29,600	64.70	27,700	1,900
Utah	200	200	0	99	12,100	60.30	12,100	0
Va.	45	45	0	13	2,200	(4/)	2,200	0
Wash.	500	500	0	220	31,900	63.55	31,900	0
W. Va.	210	190	18	65	11,800	57.15	10,700	1,100
Wis.	210	190	21	85	15,000	71.25	7,900	7,100

1/ Data for this segment of the program, shown separately here, are included in data for the total program. All data subject to revision.
2/ Excludes Illinois; breakdown not available.
3/ Data not reported.
4/ Average payment not computed on base of fewer than 50 children.

Table 10. Aid to families with dependent children: Recipients and money payments to recipients under community work and training programs, by State, April 1967[1]

State	Number of families with an adult on work and training programs	Number of recipients				Money payments to recipients			
		Total 2/	Adults		Children	Total	For work performed on work and training programs	Average per family	
			On work and training programs	Other				Total	For work performed on work and training programs
Total.....	16,400	96,900	16,400	14,400	66,200	$2,985,000	$2,031,000	$182.50	$124.15
Calif.....	4,800	29,800	4,800	4,500	20,500	1,069,000	457,000	222.65	95.20
Colo.....	610	3,600	610	550	2,500	153,000	62,600	249.80	102.40
Ill.....	670	4,000	670	520	2,800	156,000	119,000	233.05	178.40
Kans.....	84	530	84	81	360	21,200	5,700	252.85	68.45
Md.....	32	190	32	30	130	5,900	3,500	(3/)	(3/)
Mich.....	(4/)	(4/)	(4/)	(4/)	(4/)	(4/)	(4/)	---	---
Ohio.....	2,100	11,800	2,100	1,300	8,400	310,000	215,000	146.50	101.65
Oreg.....	460	2,600	460	420	1,700	98,500	33,200	211.90	71.30
Pa.....	360	2,100	360	360	1,400	87,000	64,900	238.30	177.90
Wash.....	190	1,000	190	190	650	36,600	21,700	190.60	113.15
W. Va.....	7,000	41,100	7,000	6,400	27,700	1,042,000	1,042,000	148.85	148.85
Wis.....	24	140	25	20	97	6,500	6,100	(3/)	(3/)

1/ Represents data for community work and training programs under plans for such programs submitted under Section 409 of Social Security Act. These data are included in data for the total program and for the unemployed-parent segment. All data subject to revision.
2/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of such adults were considered in determining the amount of assistance.
3/ Average payment not computed on fewer than 50 families.
4/ Data not reported.

Table 11. Medical assistance: Number of persons on whose behalf payments were made and amount of such payments, by State, April 1967[1]

State	Persons on whose behalf payments were made	Payments
Total, 26 States 2/	(3/)	$197,897,000
Total, 15 States reporting completely	1,187,000	$90,694,000
Calif.	(3/)	69,938,000
Conn.	(3/)	2,804,000
Del.	230	174,000
Guam	(3/)	2,300
Hawaii	8,100	924,000
Idaho	5,600	546,000
Ill.	207,000	6,943,000
Ky.	100,000	2,824,000
La.	58,600	3,068,000
Maine	(3/)	733,000
Md.	(3/)	4,072,000
Mass. 4/	105,000	9,588,000
Mich.	(3/)	9,608,000
Minn.	(3/)	6,102,000
Nebr.	(3/)	1,527,000
N. Mex.	(3/)	752,000
N. Y.	389,000	41,372,000
N. Dak.	7,500	689,000
Ohio	91,900	3,034,000
Okla.	(3/)	5,323,000
Pa.	118,000	11,675,000
P. R.	(3/)	2,527,000
R. I.	22,200	1,890,000
Utah	9,100	663,000
Vt.	6,000	912,000
Wash.	(3/)	2,973,000
W. Va.	(3/)	841,000
Wis.	59,000	5,990,000

1/ Program initiated January 1966 under Public Law 89-97. Data based primarily on bills paid during the month and are subject to fluctuations unrelated to provision of medical services. All data subject to revision.
2/ Data not reported by Virgin Islands.
3/ Number of persons not reported by California, Connecticut, Guam, Maine, Maryland, Michigan, Minnesota, Nebraska, New Mexico, Oklahoma, Puerto Rico, Washington, and West Virginia.
4/ Person count is not reported by the Division of the Blind; payments include $90,500 reported by this agency.

Table 12. Medical assistance for the aged: Number of persons on whose behalf payments were made and amount of such payments, by State, April 1967[1]

State	Persons on whose behalf payments were made	Payments	Percentage change from--			
			March 1967--		April 1966 in--	
			Number	Amount	Number	Amount
Total....	49,100	$5,031,000	-1.4	+0.1	-77.5	-86.6
Ala.	14	860	(2/)	(2/)	-94.9	-99.1
Ariz.	140	1,700	+5.9	-2.1	(3/)	(3/)
Ark. 4/	540	73,700	+.9	+.7	-82.2	-61.1
Colo.	6,100	5/ 1,105,000	+.8	-1.0	+6.6	-5.5
D. C.	320	160,000	-2.4	-6.1	-54.1	-22.5
Fla. 6/	3	590	---	---	---	---
Ind.	1,600	217,000	-2.6	-11.4	+25.0	-2.3
Iowa	4,700	370,000	+4.1	+2.3	+190.1	+20.4
Kans. 4/	4,000	5/ 601,000	-.4	+1.4	+9.4	+8.0
Mont.	1,900	193,000	+4.0	+12.0	-7.0	-35.1
Nev.	250	5/ 126,000	-43.8	-19.9	-43.3	-44.1
N. H.	2,100	32,400	-5.3	+3.7	-15.9	-76.8
N. J.	6,200	5/ 1,483,000	+4.6	+6.9	+2.0	-3.2
N. C.	3,600	114,000	-10.2	-31.5	-2.2	-57.4
Oreg.	1,200	75,600	-6.1	-.2	-74.2	-88.3
S. C.	1	210	(7/)	(7/)	-99.9	-99.9
S. Dak.	1,500	258,000	+1.2	+6.6	-5.1	+103.0
Tenn.	11,500	147,000	-1.8	+2.7	+5.1	-61.4
Va.	3,400	68,400	-5.2	-6.3	-24.2	-78.2
Wyo.	3	3,400	(2/)	(2/)	(2/)	(2/)

1/ All data subject to revision. Data based primarily on bills paid during the month and are subject to fluctuations unrelated to provisions of medical services.
2/ Percentage change not computed on fewer than 100 recipients.
3/ No program in operation in April 1966.
4/ Represents medical assistance for the aged under program for aid to the aged, blind, disabled, and medical assistance for the aged.
5/ Excludes small amount of money payments not subject to Federal participation.
6/ Program discontinued July 1, 1966. Data represent payments made for care furnished recipients prior to July.
7/ No recipients reported for March 1967.

Table 13. Amount of vendor payments for medical care for recipients of public assistance, by program and State, April 1967[1]

State	Total 2/	Percentage change from--		Medical assistance	Medical assistance for the aged	Old-age assistance	Aid to the blind	Aid to the permanently and totally disabled	Aid to families with dependent children	General assistance 2/
		March 1967	April 1966							
Total	3/ $231,040,000	+5.3	+55.2	3/ $197,897,000	$5,031,000	$15,815,000	$837,000	$3,452,000	$2,986,000	$5,623,000
Ala.	1,209,000	+1.8	-25.4	---	860	1,095,000	4,700	108,000	1,300	4
Alaska 4/	114,000	-41.6	+4.6	---	---	27,400	---	13,900	---	72,700
Ariz.	133,000	-25.2	+36.5	---	1,700	131,000	---	---	---	---
Ark. 4/	1,599,000	+.4	+30.6	---	73,700	1,009,000	24,200	337,000	72,300	42,100
Calif.	69,938,000	+38.5	+195.5	69,938,000	---	---	---	---	---	---
Colo.	2,070,000	-6.1	-8.4	---	5/ 1,105,000	598,000	4,000	139,000	187,000	37,900
Conn.	2,804,000	-1.5	+4.4	2,804,000	---	---	---	---	---	---
Del.	174,000	-4.5	+235.9	174,000	---	---	---	---	---	---
D. C.	163,000	-5.9	-47.2	---	160,000	460	65	1,500	690	180
Fla. 4/	1,935,000	44.9	-6.3	---	590	1,512,000	18,200	265,000	139,000	---
Ga. 4/	1,737,000	+3.5	+27.2	---	---	1,358,000	18,200	290,000	71,700	---
Guam	2,300	+21.5	---	2,300	---	---	---	---	---	---
Hawaii	981,000	+84.4	+62.0	924,000	---	---	---	---	---	57,000
Idaho	546,000	-9.2	+5.2	546,000	---	---	---	---	---	---
Ill.	7,699,000	+8.3	-2.6	6,943,000	---	---	---	---	---	755,000
Ind.	1,887,000	-3.9	+11.0	---	217,000	1,001,000	46,400	254,000	369,000	---
Iowa	1,909,000	-2.6	+2.4	---	370,000	968,000	18,600	89,100	180,000	6/ 283,000
Kans. 4/	1,509,000	-3.2	-7.6	---	5/ 601,000	279,000	9,800	155,000	304,000	160,000
Ky.	2,824,000	+33.9	+46.1	2,824,000	---	---	---	---	---	---
La.	3,107,000	+6.7	+7.0	3,068,000	---	---	---	---	---	38,700
Maine	808,000	+9.1	-.6	733,000	---	---	---	---	---	75,100
Md.	4,072,000	+36.2	+138.6	4,072,000	---	---	---	---	---	---
Mass.	10,240,000	+2.3	+2.7	9,988,000	---	---	---	---	---	252,000
Mich.	9,828,000	+16.0	+32.6	9,608,000	---	---	---	---	---	220,000
Minn.	6,272,000	+10.9	+8.9	6,102,000	---	---	---	---	---	170,000
Miss.	154,000	+73.7	-22.0	---	---	108,000	1,500	44,200	---	---
Mo.	1,156,000	+2.8	-19.5	---	---	989,000	---	116,000	78,200	33,000
Mont.	633,000	+12.5	-13.4	---	193,000	52,500	330	300	150	387,000
Nebr.	1,527,000	+19.4	+8.8	1,527,000	---	---	---	---	---	---
Nev.	188,000	-11.9	-55.7	---	5/ 126,000	21,700	1,300	---	14,400	24,900
N. H.	213,000	-.5	-31.5	---	32,400	98,900	5,000	26,600	50,300	---
N. J.	2,694,000	+5.5	-3.3	---	5/ 1,483,000	138,000	12,100	321,000	432,000	307,000
N. Mex.	737,000	+4.9	-3.7	732,000	---	---	---	---	---	4,800
N. Y.	41,372,000	+22.9	+116.8	41,372,000	---	---	---	---	---	---
N. C.	1,533,000	-11.6	-8.8	---	114,000	355,000	10,900	507,000	385,000	101,000
N. Dak.	701,000	-27.7	+.6	689,000	---	---	---	---	---	11,600
Ohio	3,991,000	-16.1	-15.2	3,034,000	---	---	---	---	---	957,000
Okla.	5,383,000	+4.7	+99.5	5,383,000	---	---	---	---	---	---
Oreg.	1,217,000	+3.4	-10.2	---	75,600	546,000	12,700	209,000	270,000	103,000
Pa.	11,675,000	+5.0	+48.3	11,675,000	---	---	---	---	---	---
P. R.	2,527,000	-9.2	---	2,527,000	---	---	---	---	---	---
R. I.	2,011,000	+21.1	+53.0	1,890,000	---	---	---	---	---	122,000
S. C.	646,000	+3.6	-21.7	---	210	420,000	25,200	146,000	35,800	19,200
S. Dak.	521,000	+8.9	-.5	---	258,000	111,000	470	36,900	---	115,000
Tenn.	1,006,000	+.6	-10.0	---	147,000	693,000	5,200	76,200	84,500	---
Tex.	4,271,000	+5.8	+14.1	---	---	3,947,000	3,100	91,900	229,000	---
Utah	666,000	-6.1	-2.5	663,000	---	---	---	---	---	3,400
Vt.	912,000	+171.0	+178.6	912,000	---	---	---	---	---	---
V. I.	(3/)	---	---	---	(3/)	---	---	---	---	---
Va.	703,000	-1.1	-16.4	---	68,400	379,000	14,000	146,000	68,700	30,500
Wash.	3,372,000	-1.9	+4.8	2,973,000	---	---	---	---	---	398,000
W. Va.	873,000	-11.3	-19.5	841,000	---	---	---	---	---	32,400
Wis.	6,134,000	+6.8	+69.1	5,990,000	---	---	---	---	---	144,000
Wyo.	122,000	-6.2	-23.3	---	3,400	38,200	960	17,800	16,900	44,400

1/ Amounts represent primarily bills paid during the month and therefore are subject to fluctuations unrelated to provisions of medical services. All data subject to revision.
2/ Data incomplete for general assistance. Some States do not report these data and for some the data represent only partial reporting. The total includes an estimated amount for these States.
3/ Data not reported by Virgin Islands.
4/ Except for aid to families with dependent children and general assistance, data represent payments for recipients of the specified types of assistance under program for aid to the aged, blind, or disabled, or for such aid and medical assistance for the aged.
5/ Excludes small amount of money payments not subject to Federal participation.
6/ Partly estimated.

Table 14. General assistance: Recipients and payments to recipients, by State, April 1967[1]

/Excludes vendor payments for medical care and cases receiving only such payments/

State	Number of		Payments to recipients			Percentage change from--			
				Average per--		March 1967 in--		April 1966 in--	
	Cases	Recipients	Total amount	Case	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total 2/	317,000	687,000	$25,713,000	$81.00	$37.45	-4.7	-4.1	+6.9	+20.2
Ala.	72	72	930	12.95	12.95	(3/)	(3/)	(3/)	(3/)
Alaska	250	940	13,600	53.40	14.40	+34.3	-.9	+.1	-9.6
Ariz.	2,100	5,800	112,000	52.10	19.25	-8.5	-6.2	-1.0	-9.5
Ark.	320	970	4,200	13.25	4.35	-20.0	-8.5	-20.0	-18.4
Calif.	29,600	47,900	2,142,000	72.35	44.75	+9.4	-1.5	+31.9	+61.4
Colo.	1,200	4,200	46,400	39.55	11.05	-20.2	-25.8	+1.3	-17.3
Conn.	4/ 4,200	4/ 12,200	4/ 331,000	78.15	27.10	-7.5	-5.1	+9.2	+16.0
Del.	1,700	2,900	83,400	48.45	28.95	0	0	-.2	-2.1
D. C.	960	1,000	83,900	87.45	80.95	-6.0	-7.5	+13.1	+29.0
Fla. 5/	7,900	(6/)	241,000	---	---	---	---	---	---
Ga.	2,100	5,000	78,000	38.00	15.55	-11.7	-7.6	-13.2	+3.7
Guam	27	33	1,100	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)
Hawaii	1,200	2,000	113,000	92.05	56.35	-3.1	-2.2	+25.7	+13.7
Ill.	21,300	50,000	1,904,000	89.50	38.10	-5.2	-3.7	+7.9	+11.3
Iowa 5/	3,700	8,400	169,000	---	---	---	---	---	---
Kans.	2,500	5,600	214,000	87.10	38.40	-2.6	-5.5	+2.0	+9.0
La.	5,900	6,500	298,000	50.70	45.90	+1.0	+1.6	-15.5	-18.1
Maine	2,400	7,600	108,000	44.65	14.30	-12.7	-17.2	-12.9	-9.7
Md.	8,000	9,000	643,000	80.15	71.20	-7.0	-4.7	-3.5	-2.1
Mass.	8,100	16,900	737,000	90.65	43.65	-2.1	-2.0	+14.2	+46.9
Mich. 7/	17,000	57,800	1,575,000	---	---	---	---	---	---
Minn.	6,300	19,900	551,000	87.15	27.75	-5.7	-9.0	-16.7	-18.3
Miss.	1,300	1,600	23,700	18.60	14.90	+2.8	+3.3	+17.7	+20.0
Mo.	9,700	12,400	655,000	67.40	52.90	-1.9	-.8	-2.6	-1.6
Mont.	1,300	3,900	73,800	57.10	19.00	-9.5	-12.6	-1.0	+3.6
Nev.	390	970	22,600	58.10	23.25	+4.6	+18.5	+19.1	-9.1
N. H.	830	2,900	58,800	70.65	20.35	-9.6	-8.4	+9.3	+20.8
N. J. 8/	11,700	37,600	1,535,000	131.65	40.80	-6.3	-1.4	+19.3	+25.5
N. Mex.	370	680	18,700	50.15	27.40	-16.9	+3.0	+20.7	+76.3
N. Y.	66,300	143,000	7,479,000	112.85	52.30	+.2	-.3	+24.1	+53.1
N. C.	1,700	4,800	43,200	25.45	9.05	-7.2	-7.4	-2.7	-6.3
N. Dak.	400	1,800	26,700	66.35	14.55	-13.5	-15.4	-14.4	-5.7
Ohio	23,900	66,800	2,178,000	91.30	32.60	-8.2	-7.7	+19.6	+30.1
Okla.	5,200	(6/)	69,100	13.30	---	---	-10.4	---	-18.1
Oreg.	4,400	(6/)	246,000	56.35	---	---	-11.7	---	+1.8
Pa.	28,400	35,900	2,133,000	75.15	59.40	-1.1	-1.4	-5.9	-.1
P. R.	1,100	1,100	9,300	8.60	8.60	-3.1	-2.2	-18.1	-17.8
R. I.	3,200	8,100	224,000	70.40	27.80	-5.8	-22.0	+17.7	+19.2
S. C.	1,200	1,400	37,500	30.95	27.45	-4.2	-1.1	+9.6	+10.4
S. Dak.	410	1,400	15,700	38.60	11.35	-7.0	-7.0	-25.6	-21.2
Tenn.	1,800	2,800	58,600	32.80	21.20	-8.5	-3.6	-37.0	+14.1
Tex. 9/	8,600	(6/)	278,000	---	---	---	---	---	---
Utah	740	880	52,100	70.35	59.30	-6.5	-18.9	+4.5	+12.2
Vt. 9/	1,000	(6/)	41,000	---	---	---	---	---	---
V. I.	170	180	6,700	39.25	37.70	-7.3	-4.0	-13.7	-10.5
Va.	3,400	8,600	185,000	54.55	21.45	-.2	+1.0	+4.2	+12.6
Wash.	7,600	12,600	634,000	83.00	50.30	-14.0	-10.2	+22.7	+26.5
W. Va.	1,900	3,200	87,100	46.35	26.90	-5.7	-.3	+37.1	+58.7
Wis.	4,300	12,200	356,000	81.80	29.10	-10.8	-6.8	-34.3	-32.3
Wyo.	320	1,100	23,600	72.70	20.80	-34.8	-37.5	-28.7	-29.0

1/ All data subject to revision.
2/ Partly estimated; does not represent sum of State figures because totals exclude for New Jersey an estimated number of cases and persons receiving only medical care, hospitalization, and/or burial and payments for such services; recipient count also includes an estimate for States not reporting such data. Excludes Idaho, Indiana, Kentucky, and Nebraska; data not available.
3/ Average payment not computed on base of fewer than 50 recipients; percentage change on fewer than 100 recipients.
4/ About 10 percent of this total is estimated.
5/ Partly estimated.
6/ Data not available.
7/ Estimated.
8/ Includes an unknown number of cases and persons receiving only medical care, hospitalization, and/or burial and payments for such services.
9/ Estimated on basis of reports from sample of local jurisdictions.

Table 15. General assistance: Recipients and payments to recipients for selected cities, April 1967

[Excludes vendor payments for medical care and cases receiving only such payments]

City	Number of--		Payments to recipients			Percentage change from--			
				Average per--		March 1967 in--		April 1966 in--	
	Cases	Recipients	Total amount	Case	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total, 16 cities 1/.	128,000	238,000	$12,291,000	$96.00	$51.60	+0.7	-0.5	+21.3	+34.6
Baltimore.....	7,100	7,900	571,000	80.65	72.30	-6.1	-4.3	-4.0	-3.0
Boston.....	3,100	3,900	320,000	105.00	81.75	-.9	+3.0	+13.8	+86.4
Buffalo 2/.....	3,900	5,800	376,000	96.25	65.35	-.9	-3.9	-6.9	+5.7
Chicago.....	12,300	27,400	1,342,000	108.85	48.95	-.7	+1.1	+13.9	+16.4
Cincinnati 2/.....	4,800	15,600	367,000	75.90	23.60	-10.2	-5.1	-12.0	-1.6
Cleveland 2/.....	6,400	17,200	563,000	88.20	32.75	-3.9	-4.0	+42.2	+73.7
Detroit.....	(1/)	(1/)	(1/)	---	---	---	---	---	---
District of Columbia.....	960	1,000	83,900	87.45	80.95	-6.0	-7.5	+13.1	+29.0
Los Angeles 2/.....	15,700	23,000	1,087,000	69.35	47.35	+19.8	+3.8	+82.6	+78.8
Milwaukee 2/.....	2,300	5,600	209,000	89.15	37.35	-3.2	-2.3	-37.5	-37.4
Minneapolis.....	(1/)	(1/)	(1/)	---	---	---	---	---	---
New Orleans.....	760	820	40,500	53.15	49.45	+2.1	+3.8	-9.0	-11.4
New York.....	48,600	101,000	5,621,000	115.65	55.85	+2.1	-.1	+41.3	+61.5
Philadelphia.....	7,800	11,400	648,000	82.95	56.75	+.7	-.5	+8.1	+12.1
Pittsburgh 2/.....	8,100	8,900	627,000	77.80	70.10	-3.6	-2.8	-17.1	-11.1
Rochester 2/.....	670	1,800	66,400	99.60	37.55	-12.4	-9.5	-24.8	+8.8
St. Louis.....	1,800	2,100	115,000	64.75	54.65	-6.0	-2.2	+6.7	+2.7
San Francisco.....	3,800	5,200	254,000	66.55	48.85	+.2	-.1	+17.8	+41.3

1/ Data not reported by Detroit and Minneapolis.
2/ Data for county in which city is located.

Work Experience and Training Program under Title V of the Economic Opportunity Act of 1964, As Amended

APRIL 1967

During April, 68,987 trainees were reported on work experience and training projects, a drop of 1,952 from the number reported in March. Cases closed totaled 1,010 during the month. This resulted in a monthly rate of reduction in regular public assistance payments of $185,153, which is $30,234 more than the reduction reported for March.

Table 16. Work experience and training: Status of projects, April 1967

Item	Number of projects			
	Total funded	Phased out or not renewed	Not yet in operation	In operation
Total	330	32	1	297
State administrative	43	2	0	41
Local administrative	13	13	0	0
Work experience and training	274	1/ 17	1	256
Counties and independent cities covered	751	28	1	722
Number of training spaces covered	86,951	2/ 17,373	60	69,518
States and jurisdictions covered	3/ 53	-	-	3/ 53

1/ Includes projects that were merged. 2/ This figure includes training spaces that were in phased out projects and also training spaces in projects that are in the process of being phased out. 3/ Excludes Alabama.

1/ Data not reported by Detroit and Minneapolis.
2/ Data for county in which city is located.

Table 17. Work experience and training: Number of trainees by sex; and number of their dependents (adults and children) by State, April 1967

State	Number aided						
	Total	Trainees			Dependents of trainees		
		Total	Male	Female	Total	Adults	Children
Total....	352,350	68,987	32,327	36,660	283,363	40,444	242,919
Ala.....	(1/)	(1/)	(1/)	(1/)	(1/)	(1/)	(1/)
Alaska.....	533	110	36	74	423	93	330
Ariz.....	1,989	438	130	308	1,551	156	1,395
Ark.....	4,331	902	427	475	3,429	481	2,948
Calif.....	18,998	4,025	1,860	2,165	14,973	2,014	12,959
Colo.....	7,420	1,395	915	480	6,025	913	5,112
Conn.....	5,020	1,261	218	1,043	3,759	200	3,559
Del.....	396	65	31	34	331	31	300
D. C.....	4,679	946	301	645	3,733	412	3,321
Fla.....	5,306	1,059	219	840	4,247	249	3,998
Ga.....	2,072	422	103	319	1,650	100	1,550
Guam.....	(1/)	(1/)	(1/)	(1/)	(1/)	(1/)	(1/)
Hawaii.....	378	83	67	16	295	48	247
Idaho.....	1,637	365	185	180	1,272	193	1,079
Ill.....	4,323	1,069	427	642	3,254	198	3,056
Ind.....	2,784	653	29	624	2,131	33	2,098
Iowa.....	3,334	837	207	630	2,497	206	2,291
Kans.....	202	50	13	37	152	17	135
Ky.....	28,347	4,929	4,929	0	23,418	4,781	18,637
La.....	5,928	1,174	307	867	4,754	418	4,336
Maine.....	1,665	371	238	133	1,294	233	1,061
Md.....	4,413	1,013	198	815	3,400	135	3,265
Mass.....	10,635	2,716	624	2,092	7,919	433	7,486
Mich. 2/	13,671	3,263	559	2,704	10,408	609	9,799
Minn.....	8,801	2,152	907	1,245	6,649	832	5,817
Miss.....	17,702	3,030	1,311	1,719	14,672	1,498	13,174
Mo.....	4,248	875	141	734	3,373	194	3,179
Mont.....	791	149	65	84	642	63	579
Nebr.....	1,325	262	61	201	1,063	33	1,030
Nev.....	1,628	398	226	172	1,230	190	1,040
N. H.....	437	115	27	88	322	27	295
N. J.....	6,966	1,353	586	767	5,613	712	4,901
N. Mex.....	1,895	431	97	334	1,464	98	1,366
N. Y.....	11,931	2,828	1,195	1,633	9,103	1,371	7,732
N. C.....	1,760	422	128	294	1,338	71	1,267
N. Dak.....	693	98	91	7	595	89	506
Ohio.....	13,622	2,511	1,042	1,469	11,111	2,341	8,770
Okla.....	4,639	880	488	392	3,759	595	3,164
Oreg.....	6,862	1,929	632	1,297	4,933	513	4,420
Pa.....	8,017	1,963	513	1,450	6,054	526	5,528
P. R.....	42,338	6,743	2,125	4,618	35,595	5,490	30,105
R. I.....	2,181	582	109	473	1,599	93	1,506
S. C.....	1,245	224	44	180	1,021	100	921
S. Dak.....	1,597	288	200	88	1,309	193	1,116
Tenn.....	5,746	1,031	434	597	4,715	506	4,209
Tex.....	3,068	723	304	419	2,345	356	1,989
Utah.....	1,530	355	106	249	1,175	125	1,050
Vt.....	628	169	40	129	459	34	425
V. I.....	162	44	3	41	118	2	116
Va.....	1,197	205	202	3	992	199	793
Wash.....	4,708	1,126	261	865	3,582	309	3,273
W. Va.....	61,823	9,391	8,459	932	52,432	11,323	41,109
Wis.....	4,682	1,190	145	1,045	3,492	164	3,328
Wyo.....	2,067	374	362	12	1,693	444	1,249

1/ No WE&T projects in operation. 2/ Data for March; April data not received.

Table 18. Work experience and training: Monthly reduction in expenditures for public assistance payments resulting from employment of trainees, by State, April 1967

State	Amount of monthly reductions				
	Total	In Federally aided public assistance cases			In general assistance cases
		Total	Closed cases	Reduced payments	
Total.....	$ 263,656	$ 243,887	$ 185,153	$ 58,734	$ 19,769
Ala.....	(1/)	(1/)	(1/)	(1/)	(1/)
Alaska.....	0	0	0	0	0
Ariz.....	435	435	300	135	0
Ark.....	608	608	496	112	0
Calif.....	21,701	21,701	11,731	9,970	0
Colo.....	6,757	6,757	6,396	361	0
Conn.....	13,115	11,007	8,622	2,385	2,108
Del.....	171	171	171	0	0
D. C. 2/.....	-	-	-	-	-
Fla.....	1,073	1,073	782	291	0
Ga.....	1,565	1,565	725	840	0
Guam.....	(1/)	(1/)	(1/)	(1/)	(1/)
Hawaii.....	206	206	161	45	0
Idaho.....	130	130	130	0	0
Ill.....	11,074	8,813	6,875	1,938	2,261
Ind.....	797	797	591	206	0
Iowa.....	3,869	3,786	2,159	1,627	83
Kans.....	0	0	0	0	0
Ky. 2/.....	-	-	-	-	-
La.....	1,278	1,278	1,032	246	0
Maine.....	110	110	110	0	0
Md.....	5,179	4,861	3,826	1,035	318
Mass.....	8,391	7,724	5,872	1,852	667
Mich. 3/.....	12,702	12,702	8,941	3,761	0
Minn.....	13,150	6,226	5,058	1,168	6,924
Miss.....	2,203	2,203	1,499	704	0
Mo.....	1,536	1,536	546	990	0
Mont.....	631	326	139	187	305
Nebr.....	0	0	0	0	0
Nev.....	0	0	0	0	0
N. H.....	500	500	385	115	0
N. J.....	7,593	2,618	1,157	1,461	4,975
N. Mex.....	649	649	380	269	0
N. Y.....	24,993	24,993	12,842	12,151	0
N. C.....	136	136	136	0	0
N. Dak.....	0	0	0	0	0
Ohio.....	22,474	21,766	14,591	7,175	708
Okla.....	4,512	4,512	4,168	344	0
Oreg.....	1,556	1,556	1,349	207	0
Pa.....	3,528	3,438	1,771	1,667	90
P. R.....	1,818	1,818	1,240	578	0
R. I.....	1,705	1,334	934	400	371
S. C.....	1,283	1,283	1,165	118	0
S. Dak.....	300	0	0	0	300
Tenn.....	1,012	1,012	731	281	0
Tex.....	1,042	1,042	833	209	0
Utah.....	3,603	3,603	3,280	323	0
Vt.....	249	249	171	78	0
V. I.....	90	39	39	0	51
Va.....	0	0	0	0	0
Wash.....	10,637	10,512	9,392	1,120	125
W. Va.....	65,198	65,198	62,206	2,992	0
Wis.....	4,097	3,614	2,221	1,393	483
Wyo.....	0	0	0	0	0

1/ No WE&T projects in operation. 2/ Trainees were unemployed or in the marginal income group but were neither recipients of public assistance nor general assistance before Title V training. 3/ Data for March; April data not received.

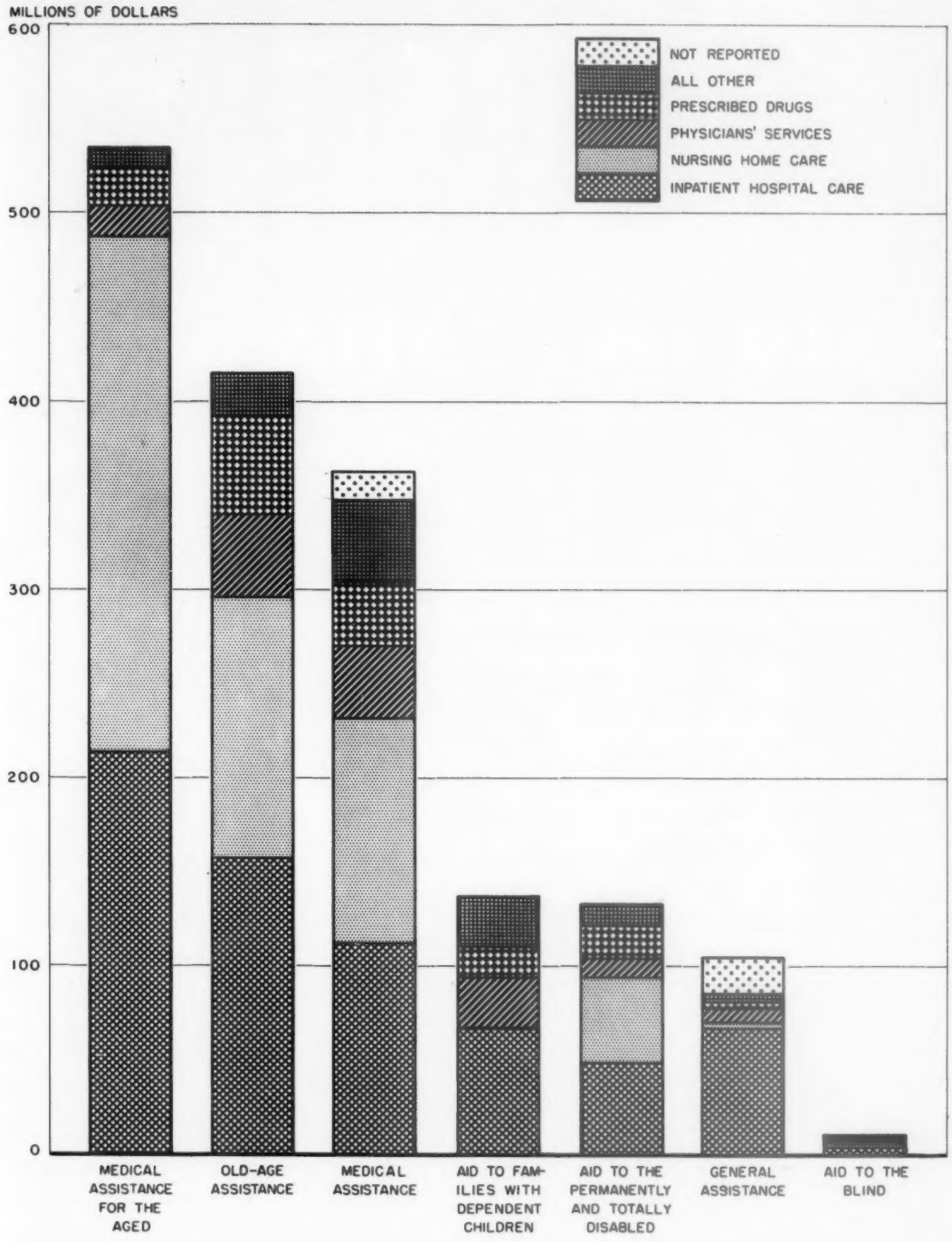
Table 19. Old-age survivors, disability, and health insurance, summary benefit data, April 1967

CASH BENEFITS AWARDED AND IN CURRENT-PAYMENT STATUS

Type of beneficiary	Benefit awards		Benefits in current-payment status			Amount of benefits paid 1/ (in thousands)
	Number	Average amount	Number	Average amount	Monthly rate (in thousands)	
Total monthly beneficiaries	305,586	---	22,036,795	---	$1,661,967	$1,761,689
Retired workers and dependents	141,953	---	14,842,649	---	1,125,073	1,178,372
Retired workers	97,186	$88.09	11,705,026	$84.80	992,593	1,036,990
Wives and husbands 2/	29,843	42.75	2,625,954	43.99	115,525	122,958
Children 3/	14,924	36.71	511,669	33.14	16,955	18,424
Disabled workers and dependents	53,434	---	2,021,710	---	139,151	159,129
Disabled workers	23,337	101.05	1,124,318	98.16	110,359	124,403
Wives and husbands 2/	7,121	36.16	222,890	34.29	7,643	9,413
Children 3/	22,976	32.72	674,502	31.35	21,149	25,313
Survivors of deceased workers	86,459	---	5,455,613	---	373,207	398,254
Widowed mothers	9,731	69.26	487,021	65.38	31,840	35,172
Children 3/	45,752	63.78	2,277,992	62.04	141,319	152,801
Widows and widowers 4/	30,769	77.33	2,656,443	74.32	197,430	207,459
Parents	207	86.24	34,157	76.64	2,618	2,822
Persons with special age-72 benefits 5/	23,740	---	716,823	---	24,536	25,934
Primary	21,888	---	694,331	34.77	24,143	25,481
Wives	1,852	---	22,492	17.48	393	453
Lump-sum death payments 6/	111,168	221.12	---	---	---	22,790

1/ Exceeds monthly rate of benefits in current-payment status because of the inclusion in initial payments of amounts payable for prior months. Distribution by type of monthly benefit estimated.
2/ Includes wives under age 65 with entitled children in their care; a total of 359,000 wives of retired and disabled workers were in current-payment status.
3/ Includes disabled persons aged 18 and over whose disability began before age 18.
4/ Includes widows and divorced wives aged 60-61 entitled under the 1965 amendments.
5/ Represents benefits authorized by Public Law 89-368 (1966) for certain persons aged 72 and over who are not insured under the regular or transitional insured-status provisions of the Social Security Act.
6/ Number of lump-sum payments shown were paid on the accounts of 103,068 deceased workers; the average amount represents average per deceased worker.

VENDOR PAYMENTS FOR MEDICAL CARE, BY PUBLIC ASSISTANCE PROGRAM AND TYPE OF SERVICE, FISCAL YEAR 1966



6/ Number of lump-sum payments shown were paid on the accounts of 103,068 deceased workers; the average amount represents average per deceased worker.

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